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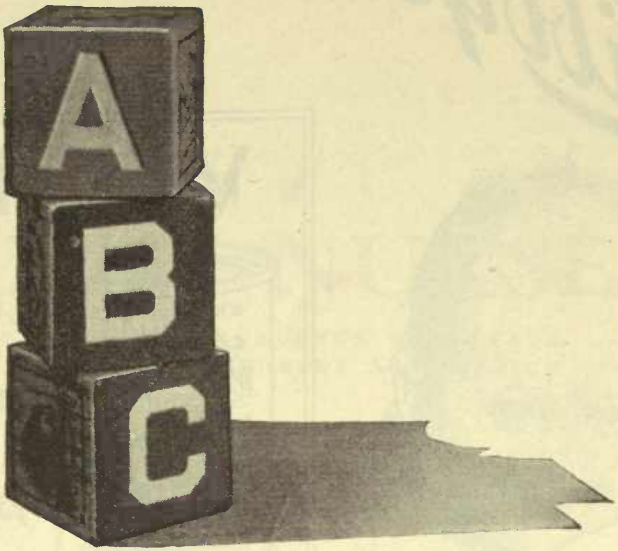

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Scoliosis and its Treatment

R. I. HARRIS, M.D.
Associate Surgeon, Toronto General Hospital

Scoliosis is a spinal deformity in which the spine is curved from side to side — that is a lateral curvature of the spine which has exercised the minds of surgeons and its victims for a long period of time.

In many cases of scoliosis a clear cause cannot be found, but there exists one group in which the cause is definitely known and this group probably indicates the nature of the causative factor in all cases of scoliosis. The known cause is infantile paralysis. If this disease involves the spinal muscles scoliosis almost always occurs. The involvement of the spinal muscles need not be severe — complete paralysis is not necessary — mere weakness of the spinal muscles, especially if it be on one side, is sufficient to commence the lateral curvature and once this begins it tends inevitably to progress. If the muscles supporting the one side of the spine be weak, the overpowering action of the normal opposing muscles twists the spine into a lateral curve. Once the spine is bent off-centre the weight of the body also tends to increase the deformity. The greater the lateral curvature the less able are the weakened muscles to counteract it, and the greater is the force with which gravity and the stronger muscles act to make the deformity still more pronounced.

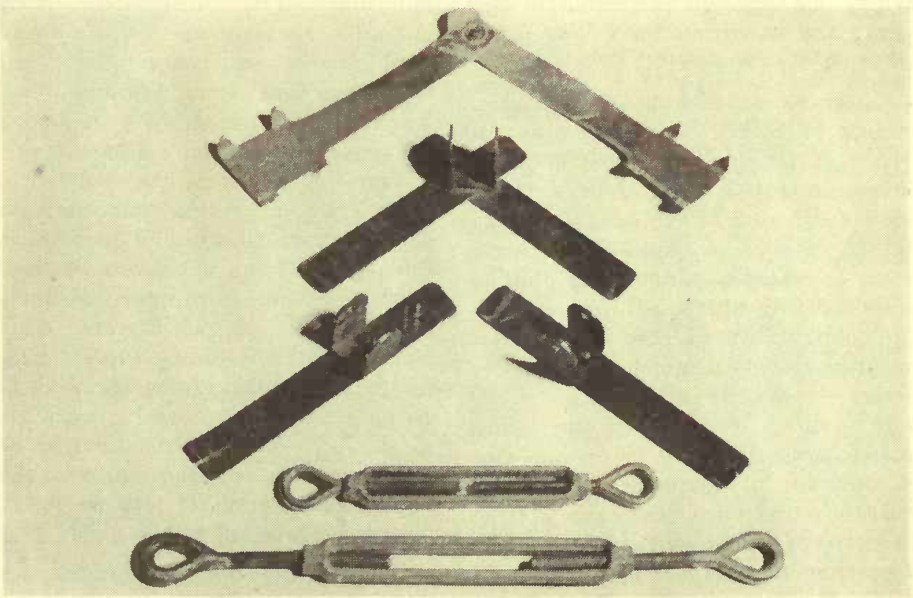
Our knowledge of the evolution of scoliosis due to infantile paralysis makes us think that all cases of scoliosis are due primarily to imbalance of spinal muscles — some from mild and unrecognized cases of poliomyelitis, others from less definite causes. Once started, the weaker muscle groups are at an increasing disadvantage and gravity and the most powerful normal muscles act at an ever increasing advantage so that the deformity tends to progress during the growing period of the child.

Though the deformity starts as a simple lateral curvature it quickly has added to it some complex features. First

of these is rotation of the vertebral bodies. The points of contact of each vertebra with those above and below it are so spaced that a simple lateral curve cannot take place. In order that the spine may bend laterally, the individual vertebrae which make up the spine must rotate and they do so in such a fashion that the spinous processes behind point inwards towards the concavity of the spinal curve. This gives a spiral twist to the curve which has proved very difficult to unwind. Next, in his attempt to keep his trunk as a whole in an erect position and maintain the head over the feet, the patient tilts the spine above and below the primary curve in an opposite direction. A fully developed scoliosis consists therefore of a primary curve with secondary compensatory curves above and below it. Each curve is accompanied by a certain degree of rotation, the greatest curves having the greatest amount of rotation.

The cure of scoliosis has proved an exceedingly difficult and perplexing problem in which little progress has been made until recent years. Innumerable methods have been tried, ranging from corrective exercises to corrective jackets. None have been successful in curing the deformity and few have succeeded in halting its progress. About five years ago, however, the Staff of the New York Orthopaedic Hospital and Dispensary developed the effective method we are now using. It involves prolonged and elaborately accurate correction of the deformity, and then fusion of the spine in order to maintain the correction thus gained.

The steps in the procedure are as follows: It is necessary first to determine which is the primary curve and, in order to do this, the patient's full spine is X-rayed while the patient is standing. Then the pelvis is tilted, first on one side and then on the other, by having the patient stand on a block. This tilt test changes the compensatory



Hinge and turn-buckles used in corrective plasters.

Corrective hinged turn-buckle plasters.

curves but leaves the primary curve unchanged. The detection of the primary curve is therefore easy when X-rays have been taken. From such X-rays one can also determine the extent of the primary curve and hence the length of the spine which must be fused in order to prevent recurrence.

The next step is to apply the corrective jacket. This is a long plaster which includes all of the trunk, usually the head also, and frequently one lower extremity. In the plaster are incorporated two aluminium hinges, one in front and one behind, centred accurately over the apex of the primary curve. In the plaster on the concave side are two brackets to take the ends of the turn-buckle. When the plaster is dry it is cut completely through all around at the level of the centre of the hinges, a turn-buckle is inserted and the correction gradually obtained by opening up the turn-buckle each day.

The progress of correction is checked by X-ray. During this period skilful nursing can make all the difference between success and failure. The plaster may exert uneven pressure and sores may develop. The use of the bed pan is difficult and moisture must not get under the plaster. The patient is more or less helpless and needs assistance for many things. In no surgical problem that I know of is the surgeon more dependent upon a wise, efficient and sympathetic nurse to achieve the success he desires. It has been my good fortune to have such assistance; without it, it would not have been possible to achieve the results we have.

When the X-ray indicates that correction has been obtained, the patient is prepared for operation. A large window is cut in the plaster behind, exposing the whole area to be operated upon. Donors are secured for transfusion. The length of the spine which previously has been decided upon as the whole of the primary curve is then fused by a

spinal bone graft. The operation is an extensive one — long and difficult and not without danger to the patient from shock. For this reason adequate steps to combat shock must be prepared beforehand.

The operation successfully concluded, the field of operation is again enclosed in plaster in which the patient remains for four months. The corrective plaster is then removed, the spine X-rayed and a new short plaster applied. In this the patient walks. The second plaster is discarded in three months.

The results, in properly selected cases, have well justified the magnitude of the procedure and the length of time expended in treatment. Obviously this is not a form of treatment to be undertaken lightly. It is only justifiable if the deformity is severe, progressive and the cause of pain which is incapacitating. Such cases can be much benefitted and the improvement they obtain is great enough to make the sacrifices well worthwhile. It has been possible to correct completely or to greatly improve the deformity and to relieve the patient of the distressing backache which makes life a misery.

Nursing Care in Scoliosis

ALICE B. HUNTER

Head nurse, Surgical Division, Toronto General Hospital

One thing which Dr. Harris has not mentioned in his article, and which is quite important, is that the nursing care of the patient begins with the parents. Not infrequently, my first intimation that a patient with scoliosis is imminent, is that a perturbed and timorous mother comes to me and this conversation ensues:

"Dr. Harris sent me to you".
"Oh, yes?"
"My daughter has scoliosis."
"Oh, I see!"

And then we sit down in some quiet spot and have a heart-to-heart talk about spinal fusions. Next I show her some X-Ray films which are invariably a good argument and then I take her to the bedside of whatever patient we have on the ward undergoing this method of treatment. You must remember that these parents have to be educated to seeing their child contorted and apparently buried in this monstrous cast, and that is not easy. In fact it is much more difficult to sell this operation to the parent than to the patients themselves. These young people, usually in their teens, are at a stage where they realize their own limitations. They have the constant misery of pain. Their personal appearance is marred; their activities are restricted by their deformity. They find themselves unable to take their place adequately amongst their fellows, and are ready to endure anything in order to enjoy the fullness of life as normal individuals.

We have been singularly fortunate

in the fine type of patients we have had to deal with while they were undergoing this long process of treatment. They have been grand youngsters, all of them, with the most extraordinary endurance. They have never really quailed at anything. But it is hard, when one is young, for one's courage to endure for so long, and there will be times when you must help them to fortify a faltering fortitude. Occupation is excellent, the more absorbing the better. For those who are restricted to bed it is essential, and we are constantly calling upon the Occupational Therapy Department to help us with this part of our nursing problem.

When they have their plaster casts applied, on account of their heads being immobilized in these huge head pieces with pillows supporting them on either side, these patients have a very limited range of vision. Again our good friends in Occupational Therapy have come to our aid, and have kept us supplied with bed mirrors attached, within the patient's reach, to the head of the bed. These are adjustable so that these patients can see what is going on in the world, and let me tell you there is very little they miss!

The cast, built high up under the arms, also limits their range of reach so that they are unable to do even the most simple things without aid. They cannot manage a bed pan themselves. They cannot wash themselves. If the blanket slips off they cannot retrieve it. They are therefore extraordinarily dependent on the thoughtfulness of the nurse who is caring for them. And can you think of any stage at which one's modesty is more easily violated or at which one is more shy and selfconscious than in one's early teens?

All these patients have fracture boards on their beds. For the female patients in particular, it is a good idea to have a three-piece mattress so that the middle section can be removed when a bed pan is used. I need not go into all the grief that accumulates when a plaster cast gets wet, particularly after spinal fusion when danger of wound infection is acute. If you cannot get a three-piece mattress, the head of the bed should be elevated, if necessary, to avoid this difficulty. These patients are on a full diet; it is therefore important that the habit of regular elimination be established early without the aid of enemata and using as mild a laxative as possible. These people are going to be in bed for a long time.

With regard to pressure sores: we nurses are accustomed to looking for them in definite places, usually the base of the spine. But when you get a patient wrapped up in one of these casts, in which pressure is continuous and progressive with daily adjustment by the turnbuckle, you may expect to find a sore developing practically anywhere. With the upper portion of the cast forcing up, they may develop around the axilla; with the lower portion forcing down, they may develop round the hip bones. On the opposite side, with the two sections forcing in at the waist line, sores may develop in that region. You may find them on their shoulder blades, over any rib, over the spinous processes, or on the bony prominences of the head. In fact anywhere that there is a piece of patient under a piece of cast, you may find a pressure sore developing. It requires a most constant vigilance. One must have a clean field for a spinal fusion, and a pressure sore will hold up an operation indefinitely. If your patient complains of soreness at any point, it must be investigated. You force your hand down inside the cast from above, or up from below, and if you cannot get a finger on the point of pressure, you may have to cut a hole in the cast over that area and have visual evidence. Occasionally the soreness will be due to some simple thing like a crease in the

Dunlopillo rubber which lines the whole cast, or a crumb of plaster, and this is easily attended to. More often it is due to direct pressure; then your house surgeon cuts off bits of the cast here, shaves off some plaster there, bevels a sharp edge, readjusts the pressure of the Dunlopillo rubber, and the situation is relieved.

The day before operation the section of cast over the operative field is cut out and the edges are taped with adhesive or re-plastered smoothly so that there will be no loose flakes. A sterile preparation is done on this area and on one or both legs, including the foot, up to mid-thigh.

The morning of operation a cut-down intravenous is started in preparation for the indirect blood transfusion which is always given during or after a spinal fusion. The pre-operative sedative is not a too heavy one and these patients are given a general anaesthetic. When the spinal fusion is completed, the area where the cast has been cut out is re-plastered, thus providing future support for the spine.

When the patient returns from the operating room he is deeply anaesthetized and is invariably shocked in appearance. At first he lies on his face, with sand bags so placed as to lift it clear of the bed. When he is conscious and the cast is sufficiently dry (usually about four hours later) he is rolled gently onto his back and made as comfortable as possible. Oiled silk and pads are tucked in around his neck to avoid soiling from vomitus; one must remember that he cannot turn his head to the side.

Whichever leg has been used for the bone graft, is elevated on a pillow and a constant watch is kept for any sign of interference with circulation. The dressing on the leg is not touched for three weeks unless there is definite indication that the wound should be inspected. The firm bandages and dressings supply support for the diminished bone and should not be removed.

For the first forty-eight hours these patients are allowed morphia as often as it is required to keep them at rest and free of pain. The intravenous is continuous until such time as they are able to maintain a positive fluid balance by mouth. If at any time a blood transfusion is indicated it is given. If the patient vomits persistently, an intravenous of 5% glucose is administered. A fluid diet is given, to begin with, which is increased just as soon as the patient is able to tolerate it. We do not turn these patients or move them more than is compatible with their essential care. Their position should be maintained as undisturbed as possible for a period of four months.

One sign that is indicative of trouble, and that should be watched for, is a decrease in the output of urine. Patients who have been profoundly shocked may develop anuria from very low blood pressure, which the kidney can only tolerate for a certain time. Symptoms concurrent with these are effortless vomiting and drowsiness. These patients also have a high N.P.N. This occurred once in a lad who was profoundly shocked by his operation and his blood pressure was re-established by blood transfusion and intravenous. Ultimately he got over his difficulties. Having happened once, this may happen again, so now we watch for these symptoms, send all the urine to the laboratory for the first few days post-operatively, and have a daily N.P.N. test done until we are satisfied that this complication will not occur.

Unless a patient has suffered severe shock, you will tiptoe into his room three or four mornings after his operation, so as not to waken him, and will find him reading the "funnies". That is a very good sight. After that it is

just a matter of waiting until such time as the patient's convalescence is complete.

If we are suspicious of wound infection at any time, the cast is cut over the suspected area and Hygeol dressings applied. These patients stay in bed after their operation for a period of four months. At the end of that time their plaster is changed and they are gradually allowed up wearing, not bedroom slippers but proper shoes. Eventually they are sent home.

I wish I could show you Sarah C —. When I first saw her she seemed rather a small person, conscious of her deformity, very shy and retiring. When I left for my holidays, she had had her operation but was still in plaster. By the time I got back, six weeks later, she had gone home. A few days ago, there walked into my office a tall, charming young girl. She was beautifully dressed; she had poise and self-possession and was completely spontaneous and natural. This was my Sarah. When she went away I watched her walk down the long corridor, very straight and very graceful. Some one passing her dropped a sheet of paper and Sarah stooped down and picked it up with no slightest sign of awkwardness or difficulty and then walked on, very straight and very graceful. It was a hard road and a sore one but I think Sarah has shown us that it is worth travelling.

THE ALBERTA MEETING

The annual conventions of the Alberta Association of Registered Nurses, the Alberta Hospitals Association and the Municipal Hospitals Association were recently held, conjointly, in Edmonton. On the first day, the three Associations met jointly; on the second and third days, separately. The president of the A.A.R.N., Miss Kate Brighty, presided and stated in her report that a forward step had been taken by the formation of a rural sub-division of the A.A.R.N. in the Grande Prairie and Peace River area. Miss Elizabeth Pearston, of Grande Prairie, is the president of this new division in which there are about forty members. Miss Brighty extended a welcome to Rev. Mother Casey, upon her return to Alberta after an absence of twenty years. She has recently been appointed head of the Grey Nuns for Alberta and Saskatchewan, with headquarters at Edmonton. Miss Brighty also mentioned that thirty-five Alberta nurses had taken post-graduate courses in various types of nursing during the past year.

The important subject of education received much attention. Dr. G. Fred McNally, Deputy Minister of Education, and Mr. A. E. Ottewell, Registrar, University of Alberta, discussed the new course of study in public and high schools and Dr. McNally asked the Association to give suggestions for the new course of studies now under consideration for high school students. He also extended the courtesy of asking for a representative from the Association to meet with his committee when drawing up the new Grade Eleven course. Following this discussion, Miss Agnes Macleod, gave an excellent talk on the proposed Curriculum for Schools of Nursing in Canada. The need for a sound and thorough general education for potential student nurses was strongly emphasized by Miss Macleod who is the newly appointed director of the School of Nursing of the University of Alberta and under whose

guidance a public health course is being established this year.

It was a great privilege to have the president of the Canadian Nurses Association, Miss Ruby M. Simpson, O.B.E., in Edmonton for the two days of the convention. She gave most generously of her time, giving addresses, meeting with various groups and taking part in discussions. The subject of Dominion Registration was thoroughly explained and many points were clarified, resulting in a better understanding of this important issue. It was with keen interest that we listened to the reports of the International Congress of Nurses given so vividly by Miss Fanny Munroe and Miss M. E. Carpenter as well as to Miss Olive Wathers-ton's talk on "My impressions of the Antipodes."

Several valuable resolutions were passed by the Association and much interest was displayed in the one dealing with the steps which are to be taken to secure a School Adviser for Alberta.

Many delightful social functions were arranged and appreciation is due to Miss Blanche Emerson who was convener of the arrangements committee. A joint luncheon with the Kiwanis Club was held when Miss Simpson gave an excellent address on nursing, pointing out that it is seldom that nurses have the opportunity and the privilege of speaking to laymen about their profession. Two hundred nurses attended the banquet when Miss Simpson, in her charming way, spoke of the International Congress, taking us with her to London to attend meetings, to the House of Lords, to the Guild Hall and even to Buckingham Palace! On the following afternoon, His Honour, the Lieutenant Governor and Mrs. Bowen graciously received the members of the three associations at Government House. The Public Health Section of the A.A.R.N. entertained at dinner for Miss Simpson who gave an intimate glimpse of the public health aspect of the International Congress. Dr. Alex Currie, who has just returned after two years in London, gave an interesting address on his impressions.

Another convention has come and gone, with ideas exchanged, thoughts expressed and new resolutions made. Conventions are truly stimulating!

Editor's Note: This excellent report was prepared by Miss Deane Freeman, supervisor, Edmonton branch, Victorian Order of Nurses.

A FRIENDLY WARNING

The *Journal* has received the following letter from Miss Emily J. Hicks, who is the executive secretary of the New York State Nurses Association:

Our Board of Directors has requested me to write and inform you of a practice which has come to our attention. We do not know to what extent the method is used to obtain Canadian nurses. Recently, Miss M.S.—, a Canadian nurse, answered an advertisement in a Montreal daily newspaper to the effect that a hospital in Greater New York offers a six months post-graduate course for nurses. Canadian nurses were to receive $65 a month during the course and were promised permanent positions thereafter. Miss S— presented herself at this hospital and found that conditions were such that she could not stay.

Our Board wonders whether there is any way in which you can warn Canadian nurses to carefully investigate such "opportunities" before going to the expense of travel in order to answer them in person. The hospital in question is not listed among the registered schools of nursing and it is doubtful whether a post-graduate course there would give additional prestige to a

nurse who spends her time at this institution. If there is any way in which we can help you to obtain information which will prevent, even in a degree, this exploitation, we shall be very glad.

The *Journal* has already urged its readers to exercise caution and common sense in answering advertisements of this nature. The warning is repeated and it is suggested that Canadian nurses avail themselves of the advice and assistance so kindly offered by Miss Hicks on behalf of the New York State Nurses Association. She may be reached at the following address: Miss Emily J. Hicks, R.N., Executive Secretary, New York State Nurses Association, 152 Washington Avenue, Albany, N. Y.

A Living Memorial

ELIZABETH L. SMELLIE

A visitor from overseas said not long ago that she was surprised to find that many Canadian nurses, even though living a few hundred miles from Ottawa, have never seen the Memorial Chamber in the Peace Tower or even their own Nurses Memorial.

This comment reminds one of yet another visitor, a distinguished British Matron, who just at sunset on a beautiful summer evening a few years ago, stood before the Memorial in quiet meditation. There was absolute silence in the building and presently we quietly departed to spend a few minutes on the cliff which looks across the Ottawa River to the Gatineau Hills. As we stood there, the carillon in the Peace Tower pealed forth and she turned to me with these words: "I feel that I have reached the heart of Canada tonight."

There may have been some nurses who at one time were disposed to feel that when the plan of the Canadian Nurses Association was put into effect and a Memorial erected in remembrance of sisters who had given their lives in the Great War, it might better be a living memorial. They happened to be in the minority, and finally the Memorial, now in the Hall of Fame, was unanimously decided upon, the work proceeded and a small committee, with diligence and patience, eventually achieved their objective.

The Governor General at the Cenotaph.

This year, as we stood before the Memorial on Remembrance Day, this thought came into our minds: *This is, and may be as time goes on, more and more, a living memorial.*

Ottawa is not a city in the general sense of the word — it is the centre of our national life. Those who were responsible for the placing of the Memorial looked forward as well as backward. They realized that although those who served either overseas or at home during the War will pass on, that there will still be a constantly renewed and living stream of young nurses who, through all the years to come, will find inspiration in the Memorial itself and in the noble words graven beneath it:

> Erected by the nurses of Canada in remembrance of their sisters who gave their lives in the Great War, 1914-1918, and to perpetuate a noble tradition in the relations of the Old World and the New. Led by the spirit of humanity across the seas, woman by her tender ministrations to those in need has given to the world the example of an heroic service embracing three centuries of Canadian history.

IN TROUBLED WATERS

Miss Mary Thompson, convenor of publications for District 8, R. N. A. O., has been kind enough to send in these interesting excerpts from a letter written by Miss Hilda Smith, a graduate of the School of Nursing of the Ottawa Civic Hospital. Miss Smith is a stewardess on *The Empress of Canada* and has a close view of the troubled scene in China:

This has been rather a momentous trip, and I'm glad I was on the *Empress of Canada*. In Japan we had quite a time getting our passengers through immigration as so many refugees of British origin were vacating Japan. But Shanghai now commands world-wide attention.

They wouldn't let us down the Yangzte River and so we anchored 20 miles out of Puntung, but were surrounded by British warships in the event of trouble, as we carry a Chinese crew of 400. No one, not even passengers could go ashore, but at night we could see and hear air raids and guns.

The next day tenders and British ships brought over 1000 refugees, all forced to leave by British authority — Chinese, Portugees, Phillipines, Americans and British subjects. You should have seen our ship with passengers having to vacate their homes and coming on board with nothing but what they had on. They slept on deck, in our salons, lounges and card rooms. We had over 128 children and were terribly busy because so many were sick.

Of course the ship was under Admiralty orders. The passengers were very useful and helped care for the sick and even peeled sacks of potatoes because the Chinese boys were so busy. I'll never forget the night we left; a Japanese destroyer skirted round and round our ship and put their searchlight on us. It was all so exciting and thrilling, and as a climax a Hindu woman gave birth to a son, right on deck, so we had a new passenger with no passport.

We called at Hong Kong where practically all the refugees disembarked. Hong Kong, with all this influx, is exporting many to Singapore. It is impossible to get accommodation and everything has gone up sky high. They have had a cholera scare and we have all been inoculated. Be glad you are in Canada.

Time Marches On!

A few days ago the sun halted on its southward journey and the earth is slowly tilting toward the Spring. From a nursing point of view, 1937 was a good year. It brought the International Congress with its rich harvest of goodwill and mutual understanding. It showed, in many countries, and especially in Britain, an awakening of public interest in nursing practice and education. In Canada it marked the advance of a reform which has been long overdue: the establishment in many centres of an eight-hour day for special nurses in hospitals.

The year which has just begun brings us the assurance of continued progress and greater accomplishment. The Biennial Meeting of the Canadian Nurses Association will be held in July in Halifax. Turn to *Notes from the National Office* in this issue of the *Journal* and read about the good things which are in store for us in the Maritimes. We can smell the lilac and feel the salt spray already!

Reader's Guide

The after effects of the recent epidemic of poliomyelitis are still to be reckoned with. It will be a hard road for young people to travel and they will need all the help they can come by. Yet when you have read the two articles in this issue which deal with scoliosis you will agree that though the path is rough and steep, it leads to the fullness of life. Incidentally, Dr. Harris and Miss Hunter teach us yet another lesson. These articles demonstrate that subtle interplay of medical and nursing skills which, at its best, is worthy to be called the art of healing. △ Not many months ago an airplane carried a disconsolate Chinese passenger to a Canadian leper colony. Dr. H. B. Cushing, professor of pediatrics and infectious diseases in McGill University, has been kind enough to tell us something about this unusual case. △ One of the most interesting aspects of nursing education can only be seen from an international angle. Miss Lindeburgh gives us an interesting glimpse of what may be just beyond the horizon. △ There have been lively doings in Alberta recently and before long both Manitoba and Quebec will show us what the up-and-coming Provincial Association can do when in convention assembled.

No room for more!

The Director at Headquarters of the California State Nurses Association has asked the *Journal* to publish the following statement:

"Will you please carry a notice to the effect that there is not a shortage of nurses in Southern California. Since August there has been a decided lessening in hospital census and in calls to the professional Nurses' Bureaus. There are numbers of qualified nurses waiting for private duty calls. This request comes from the Board of Directors of District Five, Los Angeles."

Honorable Mention

Some hard work was done on both sides of the Atlantic to give our readers a prompt and full account of the International Congress. Several correspondents have taken the trouble to say a word of appreciation and we were very proud to find this honorable mention in the columns of *The British Journal of Nursing*:

Our exchanges from many parts of the world are now to hand containing Congress reports. Canada and the United States have

done splendidly. We remember the uphill days when adequate reports of I.C.N. proceedings appeared only in the pioneer *Nursing Record,* (now the *British Journal of Nursing*). What a change is here!

All the Dominions and India have their official organs; France, Germany, Belgium, Holland, all the Scandinavian countries, keep us in touch, and China and Japan realise the value of a professional press.

Keep the Lamp Burning!

GRACE M. FAIRLEY

Chairman, Nightingale Memorial Committee Canadian Nurses Association

This year completes the five-year pledge made in 1934, at the Biennial Meeting of the Canadian Nurses Association. Nurses throughout the Dominion have demonstrated their real interest in the Memorial by supporting it generously through their provincial organizations. It has been specially gratifying that this support has been maintained during the past four years, and the Memorial committee of the Canadian Nurses Association hopes that the various nursing groups will now forward donations for 1938 at least equal to those sent in 1937.

During the meetings of the Grand Council of the I. C. N., which took place in London this summer, an agreement was made with Bedford College for the continuance of the International Courses for a further period of five years. This means that when the Canadian Nurses Association meets at Halifax in July of this year that some decision will have to be arrived at regarding the financing of the Foundation for the remaining four years and until the completion of this agreement with Bedford College in 1942.

Letters have been sent to the Provincial Conveners and it is confidently expected that when the budgets are struck for this year they will include a substantial grant towards the Florence Nightingale Memorial Foundation.

Further contributions to the Florence Nightingale Memorial Fund have been received as follows:

Nova Scotia

St. Martha's School of Nursing, Antigonish	$10.00
A.A., Halifax Infirmary	5.00
Halifax County Branch, R.N.A.N.S.	37.50
Cumberland County Branch, R.N.A.N.S.	10.00
Lunenburg County Branch, R.N.A.N.S.	10.00
A.A. City of Sydney Hospital	5.00

Ontario

District No. 9, R.N.A.O.	10.00

British Columbia

Matsqui-Sumas-Abbotsford Hospital Abbotsford	$3.00
R. W. Large Memorial Hospital, Bella Bella	6.00
Women's Auxiliary, Creston Hospital, Creston	5.00
General Hospital, Fernie	10.00
General Hospital, Prince Rupert	16.00
Mater Misericordia Hospital, Rossland	3.00
Student Council, General Hospital Vancouver	40.00

From an International Angle

MARION LINDEBURGH

Chairman, Nursing Education Section,
Canadian Nurses Association

The Committee on Education of the International Council of Nurses met for the first time in Helsingfors, Finland, in 1925, to discuss plans for a study of nursing education problems. This Committee, of which Miss Isabel M. Stewart is chairman, set for itself a momentous task. It undertook a study of nursing education in various countries preparatory to the formulation of certain educational principles and nursing practices, to serve as a guide for schools of nursing, in affiliated countries.

The first report of the work of this Committee was published in 1930. Later the report was re-written and published in a revised edition in 1934, under the title of "The Educational Programme of the School of Nursing." It was published in three languages: English, French and German, and later in Finnish. This valuable document, in pamphlet form, has filled a long felt need in directing the policies and raising the standards of administration and teaching in schools of nursing throughout the world.

The report of the proceedings of the Committee on Education at the International Congress of Nurses, held in London last July, contains items of much interest to us all. Miss Stewart, who, to our great satisfaction, has been reappointed chairman for another four-year period, presided at three large meetings of the Committee. The Report of the Committee in 1934, (The Educational Programme of the School of Nursing) was used as the basis for the conference meetings, and free discussion was invited regarding any modification which might be made in the content of the pamphlet which would in any way increase its usefulness. Emphasis was placed upon the importance of securing in all affiliated countries an understanding and agreement respecting the primary aims of nursing education, and members were encouraged to express their opinions, on behalf of the countries which they represented, in regard to fundamental educational principles and procedures as outlined in the pamphlet. A very valuable part of the conferences dealt with the different ways in which the several countries were attempting to apply the recommendations contained in the Report to the situations existing in the respective countries. Such an opportunity for the countries affiliated to come together to share their problems and to learn from one another must inevitably result in better understanding between them and a more sympathetic working relationship among all the national groups concerned.

Plans for the work of the Committee for the ensuing four years were discussed. The two proposals of main importance were:

1. The revision of the pamphlet entitled "The Educational Programme of the School of Nursing" when a new edition is needed.

In this connection members of the Committee were encouraged to present specific plans of nursing education in their particular countries, with the idea of incorporating any new material into future editions of the report.

2. The possibility of undertaking a study of post-graduate courses, as existing in the various countries.

The Board of Directors of the International Council of Nurses has approved this proposal to undertake an extensive study of post-graduate courses during the next four years. Naturally the question of financing such a project is a necessary subject for consideration, and until some definite arrangement can be made in this connection, the Committee will not be in a position to decide upon the scope of the study. It is proposed that a questionnaire, covering all types of post-graduate work in nursing, be prepared and sent out to the different countries during the coming year. The compiled information secured from all sources will then serve as the basis of a report, which, it is hoped, may be ready for publication before the next International Congress of Nurses in 1941. It was also suggested that this report might offer suggestions for the personal and professional improvement of graduate nurses in service.

This undertaking will attract the attention of all national associations who should tender to the International Committe on Education their active co-operation. Speaking for ourselves, it would appear that such a project will be not only in the interests of nursing education in Canada, but it might also serve, at this time, as a contribution towards the study and tentative plan of the International Course which is being considered by the Florence Nightingale International Foundation.

The difficulty of getting in touch with members of such a large and widely scattered Committee has been cited. In view of this difficulty, a small sub-Committee is to be appointed to make final decisions with reference to the revision of the report of 1934, and to assist in the preparation of the questionnaire and other matters which cannot easily be referred to the Committee as a whole.

Ingenious Models

Miss Grace M. Fairley has very kindly sent the *Journal* some informal notes concerning her observations at the recent Congress in London. Among them we find this interesting description of an exhibit of the work of student nurses:

An excellent exhibition of work done by student nurses was on view at the College of Nursing during the I.C.N. Congress. These exhibits comprised models, diagrams and charts dealing with dietetics, anatomy, physiology and practical nursing procedures. The wax models used in the preparation of "special" diet trays were outstandingly clever. It was difficult to say whether the poached egg, the green peas or the white bread with its brown crust were the truest models. One group of tiny model beds, showing various drainages (empyema, bladder, appendix) and also artificial feedings (nasal, stomach, rectal) were perfect in detail. There were 206 exhibits in all.

Coming Events

Manitoba Annual Meeting

Miss Gertrude M. Hall, executive secretary of the Manitoba Association of Registered Nurses, reports that plans are well under way for the annual meeting of the Manitoba Registered Nurses Association which will take place in Winnipeg, on January 28 and 29 inclusive, at the Fort Garry Hotel. Although minor adjustments may have to be made it is expected that the programme will be substantially as follows:

Friday, January 28

10 a.m. Meeting of the Executive Committee.

12.30 p.m. A luncheon will be held at which Miss Ruby M. Simpson, O.B.E., President of the Canadian Nurses Association, will be the guest of honour.

2 p.m. General meeting of the Association. Address by Miss Ruby M. Simpson. Report of the International Congress of Nurses.

8 p.m. Dr. Medovy will deliver an address on the treatment of diabetes in children. Miss Spiers, nutritionist, will give a demonstration of appropriate diet.

9 p.m. Dr. F. G. McGuinness will speak on new treatment in the toxaemias of pregnancy

9.30 p.m. An exhibit and demonstration of delivery set-up in a hospital and the technique for post-partum care and new incubator methods for premature babies will be given under the direction of Miss A. Taylor, supervisor of the obstetrical department, Winnipeg General Hospital.

9.45 p.m. An exhibit of delivery set-up and demonstration of post-partum care as given in the home will be presented by Miss McKee, supervisor, Victorian Order of Nurses.

Saturday, January 29.

9.30-10.30 a.m. A clinic on poliomyelitis will be given under the auspices of the Children's Hospital of Winnipeg.

11.00-12.30 a.m. The three Sections, comprizing Nursing Education, Public Health and Private Duty will meet in a general session for the presentation and discussion of reports.

2.00-3.00 p.m. New business, arising from the meetings, will be considered.

3.00-3.30 p.m. The moving picture, "Nurses in the making" will, it is hoped, be presented at this hour.

3.30 p.m. A demonstration by public health nurses will be given under the joint direction of Misses I. Broadfoot, N. Anderson and E. Parker.
There will also be a demonstration of the audiometer. A classroom inpection will be discussed by Miss N. Anderson, and a classroom talk will be given by Miss I. Broadfoot. Health education in the school, with an exhibit of Health Projects will be presented by Miss Emily Parker.

The concluding event of this stimulating meeting will be a dinner to be held at the Fort Garry Hotel at which Miss Ruby M. Simpson will speak.

Invitations have been issued by the Association to every school of nursing in the Province requesting that a representative of the senior class be appointed to attend the sessions.

Regina Refresher Course

Plans are being made for a Refresher Course for graduate nurses to be held in Regina, in January. This course is being directed by the Sub-section of the Nursing Education group of the Saskatchewan Registered Nurses Association. The Course will be held for two days, January 27 and 28 inclusive. Further particulars will be mailed to the nurses at a later date. The programme will include lectures on various specialized subjects. Round table discussions will also be arranged.

QUEBEC MEETING

Miss E. Frances Upton, executive secretary and registrar of the Association of Registered Nurses of the Province of Quebec, offers the following information concerning the plans for the annual meeting of the Association which will take place on February 7 and 8 inclusive.

We hope to stimulate our members to greater interest in their community relationships as well as their professional organizations. We are going to attempt at the same time to stimulate public interest in nurses and what we are trying to accomplish.

Among other reports of vital interest to be presented during the first session will be the findings and recommendations of the Nursing Service Bureau, following our first experimental year, also the high lights of the I. C. N. Congress.

Our French-speaking colleagues have planned three distinctly French sessions. On February 7, the speaker will be Dr. Marc Trudel (Secretary to the Provincial Minister of Health) who will address the nurses on "Les nouveaux champs d'action de l'infirmière". At 9.30 a.m. on February 8 at the Hôtel-Dieu, Dr. G. H. Baril, directeur des études à l'Université de Montréal, will speak on "L'université et l'infirmière". On the afternoon of the same day, Monseigneur l'abbé I. Lussier, Visiteur des classes auxilières de la Commission des Ecoles Catholiques de Montréal, will speak on "Orientation professionnelle", following which, Mlle Maria Beaumier, superintendent, Hôpital St. Luc, Quebec City, will discuss "Organisations professionnelles pour les infirmières."

Miss Madalene Baker, an outstanding private duty nurse, will address the English-speaking members on the evening of February 7. As chairman of the Private Duty Section of the Registered Nurses Association of Ontario, Miss Baker has given capable leadership in connection with the establishment of the eight-hour day for private nurses. Articles from her pen have recently appeared in *The Canadian Nurse.* Read them and get ready for a lively discussion.

On the evening of February 8, the English-speaking members will hear the Honorable Cyrus MacMillan, Professor of English, McGill University, who will speak on a cultural topic and Miss Marion Lindeburgh who will speak on "The art of nursing". At the afternoon session of February 8, a symposium on poliomyelitis is planned for the English-speaking group. The following speakers will participate: Dr. H. B. Cushing, Professor of Paediatrics and Infectious Diseases, McGill University; Dr. W. G. Turner, Orthopedic Surgeon at the Royal Victoria Hospital and Shriners' Hospital; Miss Alice Burkhardt, recreational therapist, Children's Memorial Hospital and Miss Esther B. Asplet, director of the Physiotherapy department, Children's Memorial Hospital and president of the Canadian Physiotherapy Association.

APPLYING THE CURRICULUM

Nurses in Eastern Canada who are attempting to carry out the recommendations of the Proposed Curriculum will be interested in an institute to be held in Montreal during the first week in March, 1938. This institute will be conducted by the School for Graduate Nurses, McGill University. The five-day programme will be of a very practical nature and will be devoted to discussion of such problems as the organization of the curriculum, effective ward teaching and supervision, the integration of health and community aspects, staff responsibilities and relationships and other related topics.

The fee for the course will be $5.00 which will include a dinner session.

The complete programme will appear in the February number of the *Journal.*

Leprosy in Canada

H. B. CUSHING, B.A., M.D.
Professor of Paediatrics and Infectious Diseases, McGill University

The recent discovery of a case of leprosy in Montreal has excited considerable interest and renewed apprehension of the dreaded plague spreading in this country. The unfortunate patient was a Chinaman, originally from Canton, who had lived for many years in Canada, and had shewn manifestations of active leprosy for at least five years. During all this time he had worked at a popular laundry in the centre of the city, and had been treated by a number of doctors under various diagnoses, generally that of syphilis. He was a typical, moderately advanced case of leprosy, of the nodular or cutaneous variety of the disease, but also with some involvement of the nerves, shewn by areas of anaesthesia and beginning claw hands. His face was commencing to assume the characteristic leonine facies with thickened nostrils and lips, deep fissures and loss of eye-brows. The patient was taken in charge by the Dominion Health Authorities and transferred to the leper colony at Tracadie, New Brunswick.

The occurrence of this case in a large city, and the consequent widespread exposure of other persons to the infection over a period of years, naturally gives rise to the question of the possibility of the spread of the disease in the community. As a matter of fact, it is now generally realized that leprosy is the least transmissible of all contagious diseases. Its steadily progressive disappearance from all civilized countries in temperate climates is apparently due to modern hygiene and conditions of living rather than to enforced quarantine or isolation, which as illustrated in this recent case, is apt to be belated and inefficient. The disease still spreads in tropical countries, where the natives are densely crowded together in incredible poverty and squalor, but the idea of a serious spread of leprosy in a country like Canada is unthinkable.

The fear of leprosy is easily understood as it has been the outstanding horror among diseases for untold centuries.

Leonine facies of leprosy.

Claw hand of leprosy.

Before the time of Christ and even into the Middle Ages it was the commonest of all diseases. The leprosaria for its segregation were numbered by the thousands. It was dreaded both for its disfiguring and mutilating effects, and for its inevitable progressive course to a fatal issue. The diagnosis of leprosy was a certain sentence of death. It was the slowest, most deliberate of all diseases. After exposure to infection, it took two or three years to develop, in certain cases even five or ten years. After the first manifestations, the disease took from ten to twenty years to run its inevitably fatal course.

The story of the occurrence of leprosy in Canada is interesting, if rather gruesome. It was recognized as early as 1815 that the disease was present in the north-west corner of New Brunswick among the French fishermen in the district between the Bay Chaleurs and the Miramichi River. How it became established there is uncertain. It was probably brought from Europe, some say by a French ship, the Indienne, which was wrecked at the mouth of the Miramichi in 1758, the survivors remaining in the country. Others have traced it to some Norwegian sailors from St. Malo in Normandy who settled in the district. However this may be, it became firmly established in this country and slowly spread among the inhabitants. Most of the cases could be traced to direct and intimate contact with the sufferers. One famous case, often quoted, blamed his disease on having carried the coffin of one of the victims to the graveyard for burial. He said the coffin chafed his shoulder and liquid leaked from the coffin's contents and contaminated the abrasion. Later the disease developed in this site.

The occurrence of leprosy in Louisiana for over a century has been blamed on the deportation of the Acadians by the British and their settlement in this State.

In 1844, a lazarette was first established in Tracadie, N. B., for the sufferers and in 1868 nursing sisters were sent from the Hôtel Dieu, Montreal, to take charge of the work. This sisterhood, Les Religieuses de l'Hôtel Dieu de St. Joseph de Tracadie, have been in charge ever since. They have conducted the colony most humanely and efficiently and it is a model establishment. In 1875 there were 35 inmates, all French and of local origin. At present the number has dwindled to eight, half of whom are imported cases from tropical countries, shewing the gradual disappearance of the disease above noted.

In British Columbia, the occurrence of the disease has been naturally more recent, and there it seems to have been imported from Asia. In 1882, a Chinaman was reported to have been hanged by his compatriots and his body burned because he suffered from leprosy. The Government, disapproving of such radical measures of quarantine, established a colony for the victims, which is now settled at Bentinck Island, not far from

the Pacific Quarantine Station. This colony now has 11 inmates, all Asiatics. So there are in all, less than a score of cases of leprosy in Canada, almost all imported from foreign countries, and it is nearly a generation since any native Canadian developed the disease. Every two or three years, some case is recognized in the larger cities among foreigners, but as said before, it does not spread under modern conditions. In 1906, the Federal Government of Canada passed a Leprosy Act, which provides for the compulsory segregation of lepers in colonies, and their care at the Government's expense, or their deportation if recognized within five years of their arrival in this country.

In recent years the discovery of a treatment for the dreaded disease has changed the whole aspect of the problem. Chaulmoogra Oil, obtained from an Asiatic plant, and administered by hypodermic injection of certain of its compounds, has been found capable of arresting or even curing many cases, so that many leper colonies have been enabled to discharge a certain percentage of their inmates as no longer infectious. The treatment is tedious and prolonged but at least has removed the former despair of leprosy as being an inevitably progressive fatal disease.

Nurses as Citizens

"The Vote covers all," so it was said in the days before women won the franchise, and indeed it is the sure and necessary firm foundation for further progress. But does it really cover all? I beg leave to doubt it. True it is that the few women who have so far been returned to Parliament have added little to the value of debate, but, with few exceptions they have been women of leisure and affluence who have not understood the professional workers' point of view. In regard to nurses, and the work of nurses, and its many implications, surely it is reasonable to suppose that they can be better explained by members of the profession itself, who are acquainted with the needs and aspirations, than by anyone else who has to be coached for the purpose.

We shall therefore do well to endeavour to secure the return of Registered Nurses to the House of Commons when an opportune moment occurs. The selection of candidates will need much care. They must not only know the subjects on which they will speak, but be able to present them concisely, clearly, forcibly, and to support them by well reasoned argument. Parliament is one of the most critical of audiences and not tolerant of discursive speeches, but, having listened to all the Debates, in both Houses, on the Nurses' Registration Bills, I have the conviction that the Members are very ready to listen with attention and fairness to those who present a subject on which they are specially qualified to speak, are quick to appreciate the points made, and to arrive at sound conclusions. There are Registered Nurses who possess the expert knowledge, and the power to carry conviction on the subjects on which they speak, and both the House of Commons and the nursing profession would be the gainers if one or more were returned to Parliament.

Sister Bertha Wellin, for some years President of the Swedish Nurses Association, who for fifteen years was a member of the Swedish Parliament, writes that she was often glad to have her training as a nurse behind her, because it helped her in many ways to understand various questions better. For instance, all matters dealing with nursing, with quackery and with hygiene, as well as sexual hygiene, and many social problems. She has spoken in Parliament on such questions, and when the debate has been on the nurses' or the doctors' work and conditions. In her opinion, training in nursing and social work is a very good basis for a woman who has aspirations for activity in Parliament. For the last eight years Sister Wellin was on a Committee on laws, took part in its work, and sometimes had to speak in Parliament on such topics.

When members of the National Council of Nurses of Great Britain passed through Sweden on their way to Finland in 1925, and were entertained with such wonderful kindness and hospitality by the Swedish Nurses Association, Sister Wellin, when showing us their fine House of Parliament, told us that when she attended as a member, she always did so in nursing uniform, as she thought it good for the nursing profession, and also that it gave her a professional position.

Registered nurses can never exert their full influence in connection with public affairs until they take their share in the work of public bodies in which nursing plays an important part. To give one instance: on the Hospitals and Nursing Services Committee of the London County Council which is specially concerned with the work of many thousands of nurses, trained and in training, there is not one registered nurse. Yet a registered nurse could bring to the deliberation of that Committee much expert and useful work in regard to the training of nurses, their conditions of work, the arrangement of nurses' homes, the care of the sick and of maternity and of mental cases, and many kindred questions.

Again when committees are appointed to consider matters with which nurses are intimately concerned and acquainted, it is rare to find that a registered nurse is placed upon them.

Such instances could easily be multiplied. In such cases let me commend the policy of the British College of Nursing, which is to decline invitations to give evidence before a Committee on matters concerning trained nurses when there is no nurse upon it to help to weigh the evidence.

It is only eighteen years since trained nurses were, in this country, constituted a profession by Act of Parliament, but now it is our duty to make ourselves felt and heard on matters concerning which we have knowledge of special value.

I desire, in conclusion, to place before this great International Congress of Nurses the following points:

1. That those of us who possess the parliamentary franchise should exercise our privileges as citizens with care and a sense of responsibility.

2. That we endeavour to secure the return to Parliament of State Registered Nurses.

3. That we endeavour to secure the election or appointment of registered nurses on public bodies and departmental Committees concerned with nursing and public health, and by all means to make their expert knowledge and influence available for the benefit of the community.

Editor's Note: This article is made up of excerpts from an address given by Miss Margaret Breay, S.R.N., S.C.M., of Great Britain before the International Congress of Nurses.

Book Reviews

Curriculum Guide for Schools of Nursing. Prepared by the Committee on Curriculum of the National League of Nursing Education. Third, revised edition. 689 pages. This book may be obtained from the National League of Nursing Education, 50 West 50th St., New York City. Price $3.50.

It goes without saying that this book cannot be subjected to a conventional review. It takes for its province the entire field of nursing education and, in so doing, makes brief summary of its contents impossible. All that can be done here is to examine its general approach, its underlying philosophy, and its ultimate goals.

The Curriculum Guide is the product of a cooperative enterprise guided by a master mind. Its immediate sponsor is the National League of Nursing Education though many other groups have lent a hand. The initiative, and for many years the directing intelligence, was M. Adelaide Nutting. More recently Isabel Maitland Stewart has carried the heavy responsibility of leadership.

The Curriculum Guide is an outgrowth of the work of twenty-five years and therefore stems quite naturally from the 1917 and 1927 versions of the Curriculum. As Miss Stewart herself says: "There is no change in its fundamental purposes." Furthermore, the principles set forth at the beginning have stood the test of time and are as sound today as they were a quarter of a century ago.

The purpose of the present Guide is stated thus: "To gather, evaluate, and present in usable form the most progressive ideas and practices in relation to the basic nursing curriculum that have been successfully tried out or are considered by competent judges to be suitable for use and practicable in nursing schools."

"Everyone knows that many so-called schools of nursing have very little claim to the title. The Curriculum Guide is intended as a guide to those schools that are definitely committed to sound and progressive educational policies and that are reasonably well equipped to conduct a nursing education program that is adequate for the needs of today."

In other words, the Curriculum Guide is strictly limited in its application, a fact which its critics will do well to remember since it carries certain implications not altogether flattering to them. Let them carefully analyze the underlying philosophy of the Curriculum Guide as expressed in the following statement:

"Some kind of a philosophy lies back of every curriculum . . . if the dominant attitude is conservative, opposed to change, rooted in tradition, skeptical of new ideas, the curriculum will be relatively static. If the attitude on the whole is liberal and progressive, experimentally inclined and reasonably hospitable to new ideas, the curriculum will be dynamic. This does not mean that it is necessarily a good curriculum but the chances are that it will be more in keeping with current demands and conditions if there is a constant re-evaluation of the old materials and methods and a constant effort to discover better ways of doing things."

Once this philosophy is accepted, it follows that adjustment must be the primary aim. And what is adjustment? This is the definition made by the Guide:

"Adjustment as an educational process means not only changes in behavior but changes that make for better living, better relationship and a better contribution to society. It means growth of the whole individual and development of all her powers and capacities—physical, mental, emotional, social, spiritual. This

is a positive, not a negative or passive process, the student shares actively in it and directs it to the extent that she is capable of self-direction and self-discipline. The school provides the conditions which are favorable to such learning and supplies guidance, stimulation, and a certain measure of control. But the student must do her own learning, her own adjusting, because no one else can do it for her."

Brief reference has now been made to the purpose of the book, its philosophy, its primary aim. Taken together, these display a concept of nursing which is admirable in its integrity, broad it its scope and noble in its spiritual essence.

The next step is to express this concept in terms of action and the Guide has made a courageous gesture in pointing the way. It gives us a clear idea about what needs doing and how to do it. Given the facilities of *a good school of nursing*, most of its recommendations could be carried out. The program of studies and the outlines of the proposed courses, comprehensive as they are, present no insuperable difficulties. It is only when the time element comes up for consideration that the real crux of the situation becomes apparent. And it is here that, to one reader at least, the Guide is disappointing because its recommendations are too specific, not to say dogmatic. Under the general caption of Standards and Specifications (page 52) we find this statement:

"The Curriculum Committee is not in favor of lengthening the period for basic professional preparation beyond three years. There is too much time lost at present in non-educational or relatively unimportant activities. With a better foundation in general education to begin with, a better selection and arrangement of content, and better teaching, the curriculum can be enriched and rounded out without increasing its length."

There is no doubt that much more could be *taught* during the three years of the basic course if relatively unimportant activities were eliminated. The question arises, however, as to how much more could be *learned*. To set an arbitrary time to the teaching process may be justifiable, but the time required for learning is not so easily determined.

The very nature of nursing requires that nurses have some knowledge of many things. To see how many, it is only necessary to examine the program of studies included in the Guide. In all that comprehensive category, not one subject could be dismissed as irrelevant. Obviously the study of each subject cannot be either thorough or exhaustive but must be superficial at best. Many students, some of them with good minds, have a sense of frustration throughout their entire course. This is due in part to this element of superficiality which cannot be eliminated, but it is also due to the forced pace—which might be.

It cannot be denied that the lengthening of the course opens the door to grave abuses. But we must remember that the Guide can only be put into practice in good schools and in them the danger would be less. Such an experiment would be difficult as well as dangerous but eventually it will have to be undertaken. It would have been helpful, therefore, if the Guide had envisaged such a possibility instead of ruling it out entirely. The highest praise that can be given to the Guide is that it provokes such questioning as this and therefore stimulates thinking. This is what it is intended to do and those responsible for it would be disappointed if it failed in its purpose.

Editor's Note: This review, written by Ethel Johns, was originally prepared for *The American Journal of Nursing* and is here reprinted by the courteous permission of its Editor.

Are You a Good Nurse?

From the excellent Year Book sponsored by the Class of 1937 of the School of Nursing of the Kingston General Hospital we quote this searching questionnaire. How do *you* rate? Are you a good nurse? Will you make a worth while contribution to your profession? Here is a test to help you to find out. Put down yes or no beside each question — being of course strictly honest — then check with the right answers and see how you stand.

1. Do you love little children?
2. Do you like old people?
3. Have you a keen sense of humour?
4. Have you imagination?
5. Are you fastidious about your personal appearance?
6. Are you lazy?
7. Are you disgruntled when you do not get every minute of your off-duty time?
8. Do you keep up with current events —for instance the thorough perusal of a good daily paper including the editorial page? (What about *The Canadian Nurse?)*
9. Does ninety percent of your reading consist of modern books of fiction and magazine stories?
10. Do you wear long pointed finger nails?
11. Do you enjoy the care of a patient's flowers even if she has an excessive number and the ward is busy?
12. Do you enjoy active exercise in the fresh air such as tennis, skating and long walks?
13. Do colourful things appeal to you such as a beautiful sunset, a maple tree in autumn, a bright scarf or sweater?
14. Do you habitually keep your own room tidy, including the dresser drawers and the clothes closet?
15. Providing the doctor in attendance agreed, would you tell "a white lie" to a very ill patient if it would give him peace of mind?
16. Do you smoke in uniform?
17. Do you enjoy reading aloud?
18. Does being present at a birth or death fill you with awe?
19. In a matter of discipline, do you listen to both sides of the story before making a decision?
20. Can you keep a secret?
21. Do you resent constructive criticism?
22. Are you satisfied with your achievements to date?
23. When your own work is done, do you like to help the others, who are perhaps slower workers or have more work to do?
24. When you make a mistake do you own up to it immediately?
25. Are you tolerant of other peoples' mistakes?
26. Are you generous in your criticism of others?
27. If it were to do over again, knowing what you know now, would you enter the Nursing School?
28. Providing you find "the right man" will you give up your nursing career for a home of your own?

Here are the right answers to the questions asked above. Check your own against these. If 24 of your answers

agree with those below, you may consider yourself a good nurse.

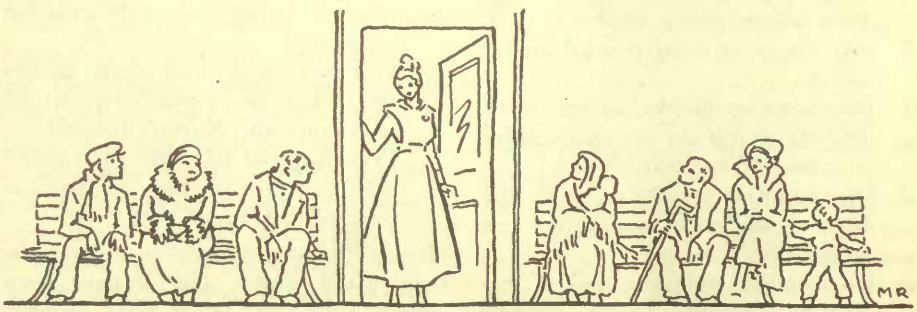
1. ..... *yes*	8. ..... *yes*	15. ..... *yes*	22. ..... *no*
2. ..... *yes*	9. ..... *no*	16. ..... *no*	23. ..... *yes*
3. ..... *yes*	10. ..... *no*	17. ..... *yes*	24. ..... *yes*
4. ..... *yes*	11. ..... *yes*	18. ..... *yes*	25. ..... *yes*
5. ..... *yes*	12. ..... *yes*	19. ..... *yes*	26. ..... *yes*
6. ..... *no*	13. ..... *yes*	20. ..... *yes*	27. ..... *yes*
7. ..... *no*	14. ..... *yes*	21. ..... *no*	28. ..... *yes*

THAT COSMETIC URGE!

Dr. Haven Emerson, director of public health in the Medical School of Columbia University, recently had some caustic things to say about the abuse of cosmetics. In the course of the Chandler Memorial Lecture which he recently delivered in New York, he said:

As one looks about at the cadaveric finger tips, the enamelled toe-nails, the deformed eyebrows, the filled facial creases that try to reveal character but are cheated out of it, the cheek reminiscent of the fever ward of a tuberculosis hospital, the ill-assorted daubs of aniline upon the lips, one wonders if it is worth the while of the Congress to try to enact protective legislation, or health officers and their laboratories to attempt enforcement of local ordinances, to save a beauty-mad generation from those qualities of cosmetics that threaten to replace the bloom of health with one more appropriate to a dish of wax apples.

These are hard words, and nurses who have been Dr. Emerson's students can hardly reconcile them with their memory of his amused tolerance of human vanity. We think he must have seen one of those faces — under one of those hats — and been tried beyond endurance.



Notes From the National Office

Contributed by JEAN S. WILSON,
Executive Secretary, The Canadian Nurses Association

General Meeting

The next General Meeting of the Canadian Nurses Association is to be held in Halifax, Nova Scotia, from July 4 to 9, 1938. The Arrangements Committee has selected The Nova Scotian Hotel for convention headquarters. This hotel, which is delightfully situated overlooking the picturesque harbour, will provide ample accommodation for the conduct of all general sessions, committee and section meetings.

The Programme Committee has initial plans well advanced for an interesting and attractive series of sessions during convention week. Monday, July 4, will be reserved for meetings of executive committees and various special committees. The addresses of welcome will be received on Tuesday evening, following which the Mary Agnes Snively Oration will be delivered and the Snively Memorial Medals presented to three members, previously selected from nominees proposed by the Provincial Associations.

Ample time will be reserved for the reports on the experiment in a community nursing service bureau and Dominion registration for nurses. A report will also be presented from the Central Curriculum Committee following the two-year period of experimental application of the Proposed Curriculum for Schools of Nursing in Canada.

At previous general meetings there has never appeared to be sufficient time allowed for the receiving of reports from the Provincial Associations. At the June (1937) meeting of the Executive Committee it was decided that, as an experiment at the next biennial meeting, one session should be reserved for the reading and discussion of concisely prepared reports from the Provincial Associations of Registered Nurses and of summaries of reports from the Provincial Sections prepared by the three National Sections.

The Canadian Medical Association and the Canadian Hospital Council have each kindly acknowledged the invitation of the Executive Committee of the Canadian Nurses Association with the assurance that each will appoint a representative to attend the General Meeting in order that they may become further acquainted with the policies and problems of the Association.

There will be an interesting report of the 1937 Congress of the International Council of Nurses, also one from the Canadian Florence Nightingale Memorial Committee respecting the meeting, in July 1937, of the Grand Council of the Florence Nightingale International Foundation. As, in July next, the Canadian Nurses Association will have fulfilled its five-year pledge of financial support to the Foundation, future support must be determined.

In order to obviate the strain imposed by holding three sessions each day, a definite programme is being arranged for two evenings only; one, the opening session and the second, the customary banquet. The members can anticipate hearing a speaker of merit and interest on each of these two evenings.

Already the members of the Arrangements Committee, with Miss Marion F. Haliburton as their convener, are busily engaged with their plans. Subcommittees have been formed to deal

with the following activities: Registration, Miss Muriel J. Graham; information desk, Mrs. D. J. Gillies, aided by Girl Guides and probably Sea Cadets, as well as by the Tourist Bureau; transportation, Mrs. C. Bennett; housing, Miss Catherine Graham, 60 Seymour Street, Halifax; accommodation for Religious Sisters, Sister Anna Seton, Superintendent, Halifax Infirmary; entertainment, Miss Edith Fenton; Overseas Nursing Sisters Association, Miss Laura Hubley; publicity, Miss Katherine Jamer; professional exhibits, Miss Anne Foster. Other members of the Arrangements Committee are Miss Victoria I. Winslow and Miss Lenta G. Hall. The convener of the Arrangements Committee announces that, for the benefit of those who may wish to motor to Halifax, there is a spacious garage connected with The Nova Scotian Hotel. Further details of arrangements are not yet available however, but all members of the Association may rest assured that their colleagues in Nova Scotia will welcome them to Halifax and extend the traditional hospitality for which that Province is renowned.

The members of the Programme Committee are: Miss R. M. Simpson, convener; Miss M. Lindeburgh, chairman, Nursing Education Section; Miss J. L .Church, chairman, Private Duty Section; Miss A. E. Wells, chairman, Public Health Section; Miss M. F. Haliburton, convener, Arrangements Committee; Miss K. W. Ellis, secretary, Saskatchewan Registered Nurses Association; Miss E. J. Wilson, Honorary Secretary and Miss J. S. Wilson, Executive Secretary, Canadian Nurses Association.

Hotel Accomodation

Nurses planning to attend the General Meeting in Halifax and who wish to secure accommodation at The Nova Scotian are advised to make early reservation. Room rates per day are: Single, $3.00; Double, $2.50 per person; Three, $2.00 per person. All rooms have connecting bath. Those who wish to secure accommodation elsewhere should write to Miss Catherine Graham, 60 Seymour Street, Halifax. Accommodation for Religious Sisters will be arranged by Sister Anna Seton, superintendent, Halifax Infirmary.

An Important Experiment

The Council of the Registered Nurses Association of British Columbia announces that arrangements are completed for the long desired affiliation of Schools of Nursing in British Columbia with the Provincial Mental Hospital. As an experiment, a two-months course is being given for two groups instead of the three-months course desired by the Mental Hospital, with the understanding that the length of the course will be discussed again before the third group enters.

A teaching unit for these students is being established at Essondale and, while the number affiliating will be increased later, the first groups will be limited to ten students each.

The Council is greatly interested in this experiment and believes it to be the nucleus of a plan whereby student nurses in British Columbia will receive a better course in both practical and theoretical nursing instruction.

Sold Out!

The National Office of the Canadian Nurses Association is no longer able to fill orders for copies of *A Proposed Curriculum for Schools of Nursing in Canada.* The entire supply has been sold.

ON ACTIVE SERVICE

ETHEL MORRISON, R.R.C.

We left Victoria in the summer of 1915 not knowing where our service would take us but hoping that we would have the opportunity to serve our country as nursing sisters. After a term of duty in England we were called up as a hospital unit to go to the Near East. In a thick autumn fog we boarded a hospital ship at Liverpool while our officers and men went by a transport direct to Salonica. We, however, were landed at Alexandria. Why? We did not know. Submarines? Perhaps the hospital ship was needed at Alexandria or to help evacuate Gallipoli? This was not what we expected, but it proved to be the experience of a life time. On a moonlight night we travelled along the Nile to Cairo and were met at the station by ambulances and driven to the hotel where nursing sisters were billetted. From our room we could see the Pyramids, ten miles away. Later we promenaded on the roof and looked down on Cairo, a wonderful city combining ancient and modern architecture. Bazaars, mosques and minarets mingled with churches, banks and shops. Some dwellings housed princes while others were just the native straw-covered huts on the banks of the Nile. The door of a hut, opening from within, shed light on a woman carrying on her head a water jar. She walked gracefully to the river, filled her jar and, returning, closed the door. The light was extinguished and all was dark again. The story of the woman at the well of Samaria came to mind and our thoughts went back nearly two thousand years as we gazed at the deep blue, star-studded Egyptian sky.

Early in the new year orders arrived for us to leave Cairo and rejoin our unit at Salonica. We crossed the Aegean Sea on a hospital ship and arrived at nightfall in the Salonica harbour where we anchored for the night, not realizing that before morning we would have a baptism of fire from the air. One bomb hit the centre of the ship, entered a bathroom and shattered glass. The wards were in the bow and stern and we sat up in our cots in open-eyed surprise, unharmed. We went on deck in the purple haze of dawn and later were sent ashore in small boats and were soon at our tent hospital.

Living under canvas was a new experience. Our duties were constant, our wards, difficult. The earth was our floor, the tents our walls and ceiling. Along the sides were rows of beds with tables between them. Some of our patients were wounded; many more suffered from dysentery and malaria. As the months passed, huts in sections arrived, and were quickly put together by Greek carpenters aided by our men. We rejoiced in our convenient wards; it was almost like being back in hospital again.

Eight months later, new orders arrived. A New Zealand unit was to take over our hospital and we were to proceed to England. We relinquished our wards to the New Zealand Sisters and embarked for another adventure. This time our unit was all together and formed part of a list of about five thousand. Imagine the responsibility of the captain and crew whose duty it was to transport us through submarine-infested seas. Preceded by two mine sweepers, we sailed in darkness and at daylight entered some protected harbour which the mine sweepers closed with a chain. There we would anchor for the day. At nightfall our protectors would return to open the chains and we would steam forth for another night journey. Only once did our ship scrape against something; we felt a tremor but that was all. Finally we arrived safely at Taranto, that land-locked harbour at the heel of Italy, feeling a debt to our Navy which we can never repay. At last we reported to our Headquarters in London, looking rather faded and worn in our old uniforms but boldly asking to be placed on the list for service in France. This request was frowned on, but early in the new year we were told to report for duty in France and so we embarked on an even bigger adventure, for 1918 was a heavy year for bombing. Often at night in the Château where we were billetted, we could hear planes overhead. Just another air raid. Then, with lights out, we

proceeded to the basement and listened until we heard the bombs fall—one, two, three, four, five—well, *that* plane is empty! Presently our planes chased them back to their own country and then we returned to our beds for a few hours rest. Outside our windows the birds sang a song of thankfulness. Shrapnel had whistled through the trees yet their nests were unharmed.

Month in and month out a constant stream of gassed and wounded patients were cared for, with a complete turnover every three weeks. Day duty, night duty followed one another until at last came the eleventh day of November, 1918. At the eleventh hour, surrounded by our wounded patients, we realized that the order to "cease fire" had gone into effect. The War was ended.

OVERSEAS NURSING SISTERS ASSOCIATION

EDMONTON: On November 12, the Edmonton Unit, O. N. S. A., held its annual Remembrance Day dinner. At the head of the table were the president, Mrs. McMarver; vice-president, Miss F. Munroe and six other ex-officers of the Unit. Twenty-four Nursing Sisters answered the roll call.

After the singing of O Canada the president asked for one minute of silence in remembrance of departed comrades. The toast to the King was proposed by the president, and the toast to Miss Margaret Macdonald, Matron-in-Chief, C.A.M.C., by Miss Fanny Munroe. The toast to absent members was proposed by Mrs. Rankin in her own witty manner. Mention was made of the loss sustained in the death of Mrs. Chester Church, (Nursing Sister Nell MacRae). Messages were read from Mrs. Stewart of Victoria; Mrs. Brough of Vancouver; Mrs. Fridell of Grande Prairie; Miss Acton, of Calgary and Miss Greening of Hanna. A delightful impromptu speech was made by Mrs. Turner, third vice-president of the national O.N.S.A. Games of bridge brought a happy evening to a close.

NEW GLASGOW: Miss Margaret Macdonald, R.R.C., L.L.D., Matron-in-Chief of Canadian Nursing Sisters during the Great War, entertained the overseas nurses of Pictou and Antigonish Counties on Remembrance Day at luncheon at the Norfolk Hotel, New Glasgow. Miss Boa, superintendent of the Aberdeen Hospital, was a special guest. Eight nurses were present and a Unit of the Provincial Overseas Nursing Sisters Association was formed. Miss Macdonald, who now makes her home at Bailey's Brook, hopes it may be possible for the Nursing Sisters of these two counties to meet each year to observe Remembrance Day.

OTTAWA: Miss Elizabeth Smellie, C.B.E., R.R.C., was elected president of the Overseas Nursing Sisters Association of Canada, Ottawa local unit, at the annual Remembrance Day luncheon. Mrs. G. Spalding, A.R.R.C., presided over a large attendance of members. Miss Ethel Johns, editor of *The Canadian Nurse*, was the guest of honour and gave an impressive talk on the work of the Nursing Services during the war and their devotion to duty. Miss Howie, supervisor of public health, Toronto, and Miss MacCuaig, western supervisor of the Victorian Order of Nurses, Regina, were also guests. The annual meeting followed when the following officers were elected: Honorary president, Matron-in-chief Miss Margaret Macdonald, R.R.C., L.L.D.; past president, Mrs. G. Spalding, A.R.R.C.; president, Miss Elizabeth Smellie, C.B.E., R.R.C.; vice-president, Mrs. W. B. MacDermott; secretary, Mrs. W. H. Smith; treasurer, Miss Mildred Clarke.

Two minutes silence was observed in memory of the late Miss Bertha V. Hughes. Miss Hughes was a charter member of the Ottawa unit and for some years was in charge of the Soldiers' Ward at the Ottawa Civic Hospital.

EIGHT-HOUR DAY FOR HOSPITAL NURSES?

Much has been said of recent years about the hard lot of the private duty nurse and there is perhaps less need to say anything about the hours of work for the average public health nurse—but what of the members of the nursing staffs in hospitals?

British Columbia has led the way in legislation for improved working conditions for most types of industry and labour which has affected all hospital employees—except graduate nurses. It is interesting to note, however, that a committee appointed by the Government of the Province of British Columbia and known as the Industrial Relations Committee, of which Mrs. Rex Eaton is chairman, is now holding meetings in all hospitals in the Province and is enquiring into working conditions, especially hours of work for graduate nurses. The Committee is asking to meet the various staff members, including supervisors, instructors and general duty nurses, and while not forgetting the patient or the heavy demands made on hospitals by the community, is evidently conscious of the fact that if nurses' duties were not spread over such long hours that better service would be assured. The question of additional staff and consequent increased cost of sickness will inevitably come into the picture, but it seems possible that legislation may be enacted at a reasonably early date for general improvement of working hours. It will be interesting to watch developments in this progressive western Province.

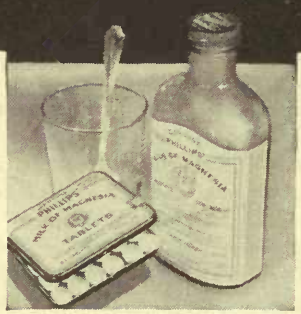
VICTORIAN ORDER OF NURSES

Mrs. A. Liles has been admitted to the Ottawa staff.

Mrs. E. C. LeBlond has been appointed to the Kirkland Lake branch as staff nurse.

Miss Helen Miller has been transferred from the St. Catharines staff to the Kirkland Lake staff. Miss Margaret Kidd has resigned from the Kirkland Lake staff.

A COMBINED EFFECT IN COLDS



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As a gentle laxative: 4 to 8 teaspoonfuls (4 or more tablets).

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METROPOLITAN CONFERENCE

A regional conference of the Metropolitan Life Insurance Nursing Service was held recently at Winnipeg under the general direction of Miss Alice Ahern, assistant superintendent of nursing. Nurses were present from Welland, Peterborough, St. Thomas, Fort William, Winnipeg, Regina, Edmonton and New Westminster. Members of the nursing staff of the Victorian Order of Nurses and of the Margaret Scott Mission also attended by invitation.

The main topic of discussion was the study of the descriptive measures which are being perfected as a means of staff education. Descriptive measures are standard descriptions of nursing and teaching at several levels, whereby the nurse rates herself according to a scale of measures and may then compare her own rating with that of the supervisor. Further information regarding these measures may be secured by writing to Miss Alice Ahern, Assistant Superintendent of Nursing, Metropolitan Life Insurance Company, Ottawa.

The annual regional conference of the Metropolitan Life Insurance nurses of Montreal was held recently at the Hôtel-Dieu of Montreal. Nineteen nurses, from all parts of the Province of Quebec, two representatives of the twelve nurses of the Quebec office, and some delegates of the fifty nurses of the Montreal staff were brought together to review the past year's experiences.

The conference was organized by Miss Emma Rocque, local supervisor of the McGill Nursing Office, Montreal, under the honorary presidency of Miss Alice Ahern, assistant superintendent of nursing, and was a great success. The Mother Superior and other nuns of the Hôtel-Dieu Hospital, the directresses of the Public Health School of the University of Montreal, the directress and the supervisors of the City Health Department and the presidents of the Nurses Associations attended most of the sessions and took part in the discussions thus transmitting their knowledge and experience. A lecture on the administration of insulin, and a demonstration of diabetic diet given by two nurses in training, showed the value of the training received in the nursing school where the spirit of Jeanne Mance, Founder of the Hôtel-Dieu, continues through the ages to inspire her daughters.

AN IMAGINARY BAZAAR

The Alumnae Association of the School of Nursing of the Hamilton General Hospital evidently has no illusions about bazaars. Excellent results were obtained recently by an Imaginary Bazaar conducted by a committee which got out an amusingly illustrated leaflet which we quote below in case your Association would like to steal the idea.

An Imaginary Bazaar has great points: (1) You need not go to it; (2) you need not buy anything; (3) you waste neither time, temper nor money. The only thing that is real is the receipts. All you have to do is send or take, cash or a cheque, using the enclosed envelope, to the treasurer or any member of the Bazaar Committee.

Think what a gain! This little scale may help you decide what to send, but remember, no amount is too small or too large. At a real bazaar you spend:

(1) Busfare or gas, to and from 14c
(2) Afternoon tea 25c
(3) Wear and tear on clothes and shoes ..... no limit
(4) Articles purchased ..... no limit

At an Imaginary Bazaar we give you a free afternoon (priceless gift), a good conscience and a chance to help where help is valuable.

NEWS NOTES

ALBERTA

CALGARY: Since starting its Fall term the Alumnae Association of the Calgary General Hospital has held a well attended meeting at which Miss H. Whale, who attended the International Congress and who is a member of the staff of the Hospital, addressed the members. The October meeting took the form of an entertainment for the student body of the School of Nursing of the Calgary General Hospital. Miss J. Connall, instructress at the C. G. H., who also attended the International Congress and spent some time observing methods of instruction and administration in England and Scotland, addressed the November meeting. At the December meeting, Charles Dickens' "Christmas Carol" will be presented by members of the Association. A successful ice carnival was held in November. Seven hundred copies of the second edition of the Association's Year Book are now available.

Miss L. Cooper sailed recently for Bombay, India, to take up work in a Mission Hospital.

BRITISH COLUMBIA

VICTORIA: At the close of the British Columbia Hospitals Association Convention recently held in Victoria, the Victoria Graduate Nurses Association arranged a meeting to which they invited all visiting nurses. The meeting was then given over to the Registered Nurses Association of British Columbia, and took the form of a discussion of the Curriculum. Miss Anne Cavers, chairman of the nursing education section, presented a report outlining what was being done by various groups throughout the Province in an endeavour to meet the wishes of the National Committee by putting the suggested Curriculum into effect. She stressed the importance of all groups sending in comments and criticisms and especially asked public health and private duty members to assist by studying the Curriculum from the angle of whether or not their training had been a fitting and satisfactory preparation for the work they were now doing. Miss Cavers pointed out the tendency to leave the responsibility of the study to the institutional group and asked for more co-operation on the part of all concerned.

NEW WESTMINSTER: The New Westminster Graduate Nurses Association recently held its annual bazaar, the proceeds of which will be added to the fund for providing special nurses for indigent patients in hospital. This fund was started three years ago and to date over $600.00 has been expended. The service has been greatly appreciated by both doctors and patients.

VANCOUVER: Vancouver nurses were fortunate during the week of November 22 to have an opportunity to attend a series of lectures sponsored by the Greater Vancouver Health League on "Sex and Living" by Dr. Nadina Kavinsky, supervisor of Mothers' Clinics in Los Angeles, under the County Health Officer. Two courses of four lectures each were given, one for parents, the other for nurses, teachers and social workers. The topics included adolescent problems, sex development, glandular function, personality, and causes of maladjustment. While in the city, Dr. Kavinsky also addressed groups of physicians, physical education teachers, industrial and domestic workers at the Y.W.C.A. and nursing instructors in the Vancouver General Hospital.

Miss Anna F. deC. O'Grady has resigned from the position of lady superintendent of the Queen Alexandra Solarium, Mill Bay, Vancouver Island, to take up work in Eastern Canada.

NOVA SCOTIA

KENTVILLE: Re-elected president of the Registered Nurses Association of Kings, Hants, Annapolis and Digby Counties, Miss Kathleen Harvey, Middleton, presided over the annual meeting of the organization held recently in Kentville. Other officers of the Association are: First vice-president, Miss V. Bengston, Wolfville; second vice-president, Mrs. H. Mack, Sanatorium; secretary-treasurer, Miss E. Dodge, Sanatorium; councillors: Miss A. Foster, Berwick; Mrs. Mack, Kentville; Miss B. Hart, Middleton; standing committees: private duty, Miss Mary Spinney, Kentville, (chairman); programme, Miss Evelyn Purdy, Berwick; Miss E. Hoyt, Mrs. Mack, Kentville; public health, Miss G. Anderson, Windsor, (chairman); educational nursing, Miss A. Slattery, Windsor, (chairman); publication and representative to *The Canadian Nurse,* Miss E. Purdy, Berwick.

Dr. A. F. Miller, medical superintendent of the Nova Scotia Sanatorium, was the speaker at the banquet held at the Cornwallis Inn. He paid high tribute to Dr. E. L. Trudeau, through whose work the National Tuberculosis Association of America came into being.

GLACE BAY: A Public Health County Unit has been established in Eastern Nova Scotia. Miss Helen Brophy, a graduate of St. Joseph's Hospital, Glace Bay, Miss E. Hunsen, a graduate of Glace Bay General Hospital, and Miss Edna Pitts, a New York graduate, have been appointed to the staff of the Public Health Department in Cape Breton. Miss Hunsen and Miss Brophy

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took the public health nursing course at the McGill School for Graduate Nurses last year. Miss Brophy replaced Miss Lenora Dillon who resigned to be married.

CUMBERLAND COUNTY: Miss Lulu MacIntosh, public health nurse for Cumberland County, has been re-appointed convener of Public Health for the Women's Institutes of Nova Scotia.

Married: On November 30, 1937, Miss Eleanor Webber (V.G.H., 1933) to Mr. Gordon O. Ramey.

Married: On December 1, 1937, Miss Marion King (V.G.H., 1931) to Mr. Thayer Carpenter.

NOVA SCOTIA

NEW GLASGOW: The following items describe the activities of the Pictou County Branch, Registered Nurses Association of Nova Scotia:

The members of the Pictou County Branch, R.N.A.N.S., recently held their annual banquet at the Norfolk Hotel, New Glasgow. Covers were laid for thirty-five and included active members of the Association and also former nurses who reside in the county. Miss Pearl MacDonald, president, was mistress of ceremonies. The guest speaker was Dr. A. E. Blackett, New Glasgow, who told of his trip to London for the Coronation ceremonies and his tour of the continent. A vote of thanks was given to Dr. Blackett and a beautiful bouquet presented to Mrs. Blackett by members of the Association.

Miss Mary Ross of Westville, N. S., recently returned from Montreal where she took a post-graduate course in surgery prior to accepting the position of superviser of the operating room in the Aberdeen Hospital, New Glasgow. Miss Isabel Thompson of Stellarton, N. S., former secretary of the Pictou County Branch, has gone to Kirkland Lake to practise her profession. Miss Annie Saunders of Westville has accepted the position of charge nurse of the obstetrical department of the Aberdeen Hospital. Prior to this, she was in Montreal taking a post-graduate course in obstetrics.

ONTARIO

District 1

LONDON: A refresher course dealing with the treatment of poliomyelitis was recently arranged by District 1, R. N. A. O. This course was given in London at the Nurses Residence, Victoria Hospital, for members of the district from London, Strathroy and Sarnia. Many nurses both from London and out-of-town attended. The London Chapter of District 1 was in charge of arrangements under the convenership of Miss Mildred I. Walker, chief of the Division of study for

graduate nurses, Institute of Public Health, University of Western Ontario. The subjects and lecturers were as follows: Poliomyelitis: Dr. Harold Little; nursing in the acute stage: Miss Helen McCallum, supervisor of the communicable disease unit, Victoria Hospital; post-poliomyelitis treatment: Dr. George Ramsay; demonstration, massage and re-education: Miss Kathleen Wooley, supervisor, Physiotherapy Dept., War Memorial Children's Hospital.

Districts 2 and 3

STRATFORD: The annual meeting of Districts 2 and 3, Registered Nurses Association of Ontario, was held recently at the Stratford General Hospital. The following officers were elected for the coming year: Chairman, Miss S. A. Campbell, General Hospital, Guelph; first vice-chairman, Miss F. W. Ashplant, Kitchener; second vice-chairman, Miss D. H. Arnold, Brantford; secretary-treasurer, Miss Hilda D. Muir, General Hospital, Brantford; section representatives: private duty, Mrs. Elizabeth A. Sebire, Galt; nursing education, Miss P. Bluett, Woodstock; public health, Miss A. Fennell, Guelph; councillors: Miss L. Ferguson, Guelph, Miss G. Maynard, Stratford, Miss M. Costello, Woodstock, Mrs. K. B. Cowie, Kitchener, Miss M. Meggitt, Brantford, Miss M. McCorkindale, Goderich.

STRATFORD: The Alumnae Association of the Stratford General Hospital has elected the following officers for the coming year: Honorary president, Miss A. M. Munn; president, Miss E. Doupe; vice-president, Miss C. Patterson; secretary-treasurer, Miss C. Attwood; committee conveners: social, Miss H. Prouse, Miss M. McKenzie and Miss A. Halliday; flower, Miss M. Derby.

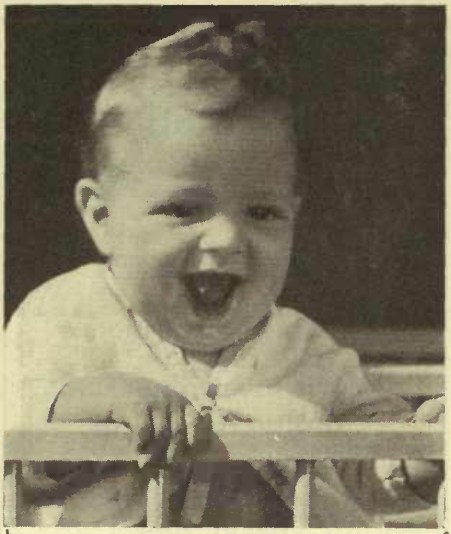
District 4

HAMILTON: A substantial sum was realized for the Mutual Benefit Fund of the Alumnae Association of the Hamilton General Hospital by means of an Imaginary Bazaar which proved very successful.

Eight-hour duty for special nurses proves to be most popular in the Hamilton General Hospital.

Miss Ada Squires, operating room supervisor, H.G.H., was the guest speaker at the Dental Nurses Association of Ontario, her topic being surgical technique and sterilization of supplies and equipment. An interesting discussion followed.

Miss Laura Rennick (H.G.H.) has ac-



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Montreal, Canada

cepted a staff position at Mundsley Sanatorium, Norfolk, England.

Married: Recently, Miss Dorothy Sanderson (H.G.H., 1934) to Mr. Donald Ray.

District 5

TORONTO: The December meeting of District 5 R.N.A.O., was held on December 3, at the Toronto General Hospital, with the chairman, Miss Irene Weirs presiding. A large number of nurses attended both the afternoon and evening sessions.

The business of the meeting which was dealt with at the afternoon session, included the final report of the Committee of the Nurse Education Fund, given by its convenor, Miss Ethel Greenwood. During the last five years this Committee has raised $2,480.00 as District 5 allotment of a fund of ten thousand dollars, which has been raised by the nine districts of the R.N.A.O. to be used as a loan fund for post-graduate study. Miss Kathleen Russell and Miss Beatrice Austin congratulated the Committee on its achievement, and Miss Greenwood was presented with a book. The speaker for this session was Dr. J. A. Hannah, chief medical officer of the Associated Medical Services Inc., who explained the details of the organization and plan of this service.

At the evening session, Miss Edna Moore gave a report of the meetings of the Public Health Section, held during the recent congress of the International Council of Nurses, following which Miss Jean I. Gunn, the first vice-president of the International Council of Nurses, and a member of its Grand Council, described the highlights and many of the interesting details of the Congress. Miss Gunn illustrated her talk with lantern slides. It was indeed a privilege, particularly for those to whom attendance at the Congress was a dream unrealized, to thus vizualize such scenes as the pilgrimage to the home of Florence Nightingale, and other memorable events.

District 6

PETERBOROUGH: At a recent meeting of District 6, R. N. A. O., the following officers were elected for the coming year: Chairman, Miss E. G. Young; vice-chairman, Miss E. Reid; secretary-treasurer, Miss Lois Stewart; councillors: Miss M. Hutson, Miss M. Bonter, Miss M. Poulson, Mrs. T. Beatty, Miss F. Vickers, Miss R. Lynch; committee conveners: private duty, Miss L. Ball; public health, Miss M. Poulson; nursing education, Miss H. Collier; membership, Miss E. Earshman; enrolment, Miss M. Byers; history and finance, Mrs.

E. M. Leeson; publications, Miss E. Young; nominations, Miss F. Fitzgerald.

PETERBOROUGH: A meeting of District 6, Chapter A, R. N. A. O., was held at the Belleville General Hospital on November 18. Seven members were present. The chief business was the election of officers for the coming year. They are as follows: President, Miss M. Hutson; vice-president, Miss D. Connor; secretary-treasurer, Miss M. Bonter, Belleville General Hospital; membership convener, Miss Olive Fulton; private duty convener, Miss E. Lang; public health convener, Miss B. Soutar; representative to *The Canadian Nurse,* Miss L. Bertram; flower convener, Miss R. Windsor; history convener, Miss F. Fitzgerald; enrolment officer, Miss E. Meeks; nursing education, Miss E. Eushman. Miss M. Youmans read a paper on a proposed educational programme for the Chapter.

PETERBOROUGH: The Alumnae Association of Nicholls Hospital has elected the following officers for the coming year: Honorary president, Mrs. E. M. Leeson; president, Mrs. F. E. A. Brackenridge; first vice-President, Miss F. Vickers; second vice-president, Miss H. Russell; secretary, Miss D. Everson, 850 George Street; treasurer, Miss H. Bradley, 759 George Street; corresponding secretary, Miss M. Beavis, 406 Sheridan Street.

LINDSAY: The following appointments have recently been made: Miss Monna L. Baker of St. Paul's Hospital, Saskatoon, has been appointed assistant superintendent of the Ross Memorial Hospital, Lindsay. Miss Marguerite Hopkins, formerly assistant superintendent of the Ross Memorial Hospital, has accepted a position on the operating room staff of St. Joseph's Hospital, Toronto. Miss Aileen Tummonds, Miss Anna Roche and Miss Evelyn Barry are doing general duty at the Ross Memorial Hospital.

Married: Recently, Miss Julia J. Staples (R.M.H., Lindsay, 1924) to Mr. Roy W. Hoskins.

Married: Recently, Miss Doris Netherton to Mr. Gifford Webster Oakwood.

District 9

NORTH BAY: The members of the North Bay Chapter of District 9, R. N. A. O., recently held their annual tea at the Nurses' Residence of the Civic Hospital. Mrs. C. Johnston, Mrs. Davidson and Mrs. George Deegan presided at the tea table. Those assisting were Miss McKenzie, Miss Overton,

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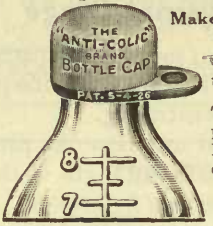

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Miss Cloutier and Mrs. Charette. The many guests were received by Miss Jean Laing, president of the Chapter, and Miss Helen Jordan. During the tea hour, Miss A. Dicker and Miss Muriel Holman played several piano selections.

QUEBEC

MONTREAL: Royal Victoria Hospital: The Alumnae Association recently held a very successful tea and bazaar under the capable leadership of Miss Grace Martin.

Miss Phyllis Goodwin (R.V.H., 1929) has resigned from the staff of the Women's Pavilion and Miss Jean Downey (R.V.H., 1937) succeeds her. Miss Electa MacLennan, B.A., (R.V.H., 1932) who has been on the staff of the Vancouver General Hospital for the past two years, has returned to Montreal to resume her former position with the Victorian Order of Nurses.

Married: Recently, Miss Jane M. Cameron, (R.V.H., 1937) to Dr. H. G. Baker.

Married: Recently, Miss Sybil Rusted (R.V.H., 1935) to Mr. Malcolm D. MacDonald.

Married: Recently, Miss Constance La-Montagne (R.V.H., 1932) to Mr. Ross Taylor.

MONTREAL: Responding to an invitation from the Nursing Education Section of the Association of Registered Nurses of the Province of Quebec, extended by its capable chairman Miss Martha Batson, an excellent meeting was recently held at the Children's Memorial Hospital, under the joint auspices of the following groups: Nursing Education (English Section), A.R.N.P.Q.; Public Health Section, A.R.N.P.Q.; The Alumnae Association of the McGill School for Graduate Nurses; the Private Duty Section, A.R.N.P.Q.

Miss Marjorie Jenkins, director of nursing, Children's Memorial Hospital, extended a courteous welcome to an audience of 250 nurses and introduced the chief speaker, Dr. H. B. Cushing, physician in chief of the Hospital and Professor of Paediatrics in McGill University, who spoke on rheumatic fever in children. Following this introductory address, an exceptionally well organized round-table conference, presenting the principles in the care and management of rheumatic fever, took place. Those taking part included the following members of the staff of the Hospital: Dr. H. W. Bacal, assistant physician and in charge of the sub-Department of Allergy; Miss V. Kennedy, Reg. N., charge nurse; Miss G. Ellis, director of occupational therapy; Miss E.

(*Continued on page* 56)

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THE LITTLE BLACK BAG

This year the Victorian Order of Nurses for Canada has endeavoured to make its work more widely known through the medium of a film called "The Little Black Bag". The film, which is in sound, is the standard 35 mm. for showing in theatres, and runs ten and one-half minutes. As well as 35 mm. prints there is a 16 mm. print for private showings. During the past few months many of the branches have made arrangements to have the picture shown at the local theatres. It has also been shown in centres where there is no public health nursing service, to arouse interest in the organization.

The picture was made by the Associated Screen News, Montreal. The first step in planning it was to draw up an outline of the points to be emphasized in the series of pictures to be taken. It was decided to show the following:

(a) The history of the organization
(b) Its activities—bedside nursing, group teaching, attendance at clinics, school nursing
(c) The distribution of the service
(d) The national character of the organization.

Following this outline the various sequences were planned and the centres in which they could best be taken noted. All branches were notified and asked to co-operate with the cameraman when he called. With the exception of the sequence showing the care of the pneumonia patient in the home, all pictures were taken of the actual work in the field without being rehearsed. The variety of the scenery, from the log cabin in the woods in New Brunswick to the streets in the Chinese section of Vancouver, created an element of interest. The different nationalities served were also shown.

. . . OFF . . . DUTY . . .

This is the time of the year . . . when the making of good resolutions . . . is in the air . . . Cerebral attics are due for the annual housecleaning . . . salutary though painful . . . which will consign some rubbish . . . to the scrap heap . . . The trouble lies . . . in deciding what to keep . . . and what to throw away . . . An acquaintance of ours . . . who recently inherited an old house . . . cluttered with furniture . . . tackled this problem of selection . . . by putting everything . . . to a simple test . . Looking at it critically . . . she asked herself this question . . . "Would I want to buy this if I saw it in a shop?" . . . If the response was negative . . . off it went . . . to the auction room or the junk man . . . This process of elimination . . . summarily disposed of a grisly Japanese vase . . . a goldfish bowl with a submarine castle in it . . . a dusty artificial palm io a brass pot . . . several volumes of Browning and Tennyson . . . in padded bindings . . . and the brass bedstead from the spare room . . . The lady is now installed . . . in a stream-lined apartment . . . with chromium furniture . . . and Venetian blinds . . . which cast lovely shadows . . . when the sun shines through them . . . Not a single picture . . . mars the serene expanse . . . of the white walls . . . No padded poets profane the built-in bookcase . . . A single calla lily . . . cunningly made of black glass . . . gives the necessary exotic touch . . . to a perfect example . . . of a modern interior . . . Yet the first time our admiring gaze . . . rested upon the chaste restraint . . . of this decorative scheme . . . we found ourselves . . . sniffing the air . . . for the fumes of ether . . . while listening for the rattle of the stretcher . . . and the hiss of the instrument sterilizer . . . Never having seen, heard or smelled an operating room . . . our lady has none of these regrettable associations . . . with the past . . . from which we can never escape . . . We, like everyone else . . . are imprisoned . . . in our generation . . . Our cerebral attic . . . stubbornly refuses to submit . . . to drastic modernization . . . Something tells us . . . it will remain Victorian . . . to the end . . . a fact which does not justify us . . . in harbouring hoary old ideas and prejudices . . . corresponding to the artificial palm . . . in its brass pot . . . and the submarine castle . . . in the goldfish bowl . . . We are going to throw them out this year . . . gradually of course . . . As for the poets . . . we intend to hang on to them . . . padded bindings and all . . . They may come into style again . . . and even if they don't . . . we shall be faithful to them anyway . . . The attic might be a bit bleak . . . without them . . . E.J.

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Nova Scotia: (1) Miss Marion Halliburton, 40 South St., Halifax; (2) Miss Eleanor Grew, Children's Hospital, Halifax; (3) Miss A. Slattery, Windsor; (4) Miss Anna Brennan, 53 Pine St., Dartmouth.

Ontario: (1) Miss E. Cryderman, 281 Sherbourne St., Toronto; (2) Miss R. M. Beamish, Toronto Western Hospital, Toronto; (3) Miss M. Walker, Institute of Public Health, London; (4) Miss Madalene Baker, 249 Victoria St., London.

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Alberta Association of Registered Nurses

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BRITISH COLUMBIA

Registered Nurses Association of British Columbia

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MANITOBA

Manitoba Association of Registered Nurses

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New Brunswick Association of Registered Nurses

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Registered Nurses Association of Nova Scotia

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Registered Nurses Association of Ontario

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District 10

Chairman, Miss Gladys Young, 119 Pine St., Port Arthur; First Vice-Chairman, Miss Dorothy Adams, Red Cross Outpost Hospital, Kakabeka Falls; Secretary-Treasurer, Miss Wilma Ballantyne, McKellar General Hospital, Fort William; *Councillors;* Misses M. Wallace, M. Guss, F. Gleeson, C. Chivers Wilson, Mrs. Mickelson.

PRINCE EDWARD ISLAND

Prince Edward Island Registered Nurses Association

President, Rev. Sister Stanislaus, Charlottetown Hospital; Vice-Pres., Miss Florence Lavers, Summerside; Treasurer and Registrar: Rev. Sister Mary Magdalen, Charlottetown Hospital, Charlottetown; *Recording Secretary,* Miss Hattie MacLaine, P. E. I. Hospital; *Conveners of Sections: Nursing Education,* Miss Anna Mair, P.E.I. Hospital; *Private Duty,* Miss G. MacGuigan, Charlottetown Hospital; *Public Health,* Miss Ina Gillan, Charlottetown.

QUEBEC

Association of Registered Nurses of the Province of Quebec (Incorporated, 1920)

Advisory Board: Misses Mary Samuel, Mabel F. Hersey, Jean S. Wilson, Rév. Soeur Allard, Rév. Soeur Marcellin, Mademoiselle Maria Beaumier; President, Miss Margaret L. Moag; Vice-President (English), Miss C. V. Barrett; Vice-President (French), Mlle Alexina Marchessault; Honorary Secretary, Mlle Suzanne Giroux; Honorary Treasurer, Miss C. M. Ferguson; *Members without Office:* Rév. Soeur Gauthier, Misses Mabel K. Holt, Eileen C. Flanagan, Marion E. Nash, Mlle Juliane Labelle; *Conveners of Sections:* Private Duty (English), Miss M. L. Craig, 93 Linton Apartments, Montreal; *Private Duty* (French), Mlle Claire Godbout, 463 avenue DesForges, Trois Rivières; *Nursing Education* (English), Miss Martha Batson, The Montreal General Hospital, Montreal; *Nursing Education* (French), Rév. Soeur Valerie de la Sagesse, Hôpital Ste. Justine, Montreal; *Public Health* (bi-lingual), Miss M. I. Brady, 1421 Atwater Ave., Montreal; *Board of Examiners:* Miss Olga V. Lilly (convener), Royal Victoria Montreal Maternity Hospital; Misses Marie DesBarres, K. L. Annesley, Katherine MacLennan, Mesdemoiselles M. Anysie Déland, Alexina Marchessault, A. Rita Guimont; Executive-Secretary, Registrar and Official School Visitor, Miss E. Frances Upton, Room 1019, Medical Arts Bldg., 1538 Sherbrooke St. West, Montreal.

SASKATCHEWAN

Saskatchewan Registered Nurses Association (Incorporated, 1917)

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Regina Registered Nurses Association

Hon. President, Miss A. Lawrie; Hon. Vice-President, Sister Tougas; President, Miss G. McDonald; First Vice-President, Miss A. Cleaver; Second Vice-President, Miss M. McGrath; *Committees: Visiting,* Miss D. Kerr; *Entertainment,* Miss H. Jolly; *Press and Rep.* to *The Canadian Nurse,* Miss M. Armatage; Sec., Miss K. Morton, 3114 Victoria Ave.; Registrar-Treasurer, Miss M. Armatage.

Associations of Graduate Nurses

Overseas Nursing Sisters Association of Canada

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ALBERTA

Calgary Association of Graduate Nurses

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President, Miss Violet Chapman; First Vice-President, Miss M. Fraser; Second Vice-President, Miss M. Deane-Freeman; Treasurer, Mrs. E. World; Secretary, Mrs. A. M. Baird, 11028-107 St.; Registrar, Miss A. L. Sproule, 11138 Whyte Ave.

Medicine Hat Graduate Nurses Association

President, Mrs. J. Keohane; First Vice-President, Mrs. A. Gant; Second Vice-President, Miss M. E. Hutchcroft; Secretary, Mrs. C. R. McKay, 539 Dundee St.; Treasurer, Mrs. C. Pickering; *Committee Conveners: Membership,* Miss E. Bagshaw; *Visiting,* Mrs. W. Fraser, Mrs. J. Hill; *Representatives:* to *Private Duty Section,* Mrs. M. Tobin; to *The Canadian Nurse,* Miss C. Clibborn.

BRITISH COLUMBIA

Nelson Registered Nurses Association

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New Westminster Graduate Nurses Association

Hon. President, Miss E. Clark; President, Mrs. J. Wright; First Vice-Pres., Miss E. H. Gould burn; Second Vice-Pres., Miss E. Gow; Sec., Miss E. Wrightman, 447 Columbia St.; Treas., Miss A. Macphail; Representative to *The Canadian Nurse,* Misses Lovering and Naven.

Vancouver Graduate Nurses Association

President, Miss M. Motherwell, 1747-10th West, Vancouver; First Vice-Pres., Miss O. Cotsworth, Vancouver General Hospital; Second Vice-Pres., Mrs. W. J. MacKenzie, 700 W. Georgia St.; Secretary, Miss E.A.E. MacLennan, Vancouver General Hospital; Treasurer-Registrar, Miss L. G. Archibald, 536 W. 12th; *Council:* Mrs. A. Westman, Misses M. Gray, K. Lee, C. Cooper, L. Stocker; *Committee Conveners: Finance,* Miss A. Croll; *Programme,* Miss M. Wismer; *Social,* Miss A. Reid; *Directory,* Miss C. Harkness; *Visiting,* Miss E. Matheson; *Representatives:* to the *Local Council of Women,* Misses M. Duffield, M. Gray; to the *Press,* Miss G. Archibald; to *The Canadian Nurse,* Mrs. L. Dugdale.

Victoria Graduate Nurses Association

Hon. Presidents, Miss L. Mitchell, Sister Superior Mary Alfreda; President, Miss E. Toynbee; First Vice-President, Miss M. Mirfield; Second Vice-President, Mrs. Bothwell; Secretary, Miss H. Andrews, 2825 Prior St.; Treasurer, Miss W. Cooke; Registrar, Miss E. Franks, 1015 Mirfield Road; *Executive Committee:* Misses T. Locke, F. Crampton, D. Frampton, M. Sangster, Mrs. Strachan.

MANITOBA

Brandon Graduate Nurses Association

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ONTARIO

Smiths Falls Graduate Nurses Association

Hon. Presidents, Miss Bliss, Miss Clarke; First Vice-Pres., Miss M. Foster; Second Vice-Pres., Mrs. Bell; Sec., Miss D. Gilmour; Treas., Miss H. Durant; *Committee Conveners: Social and Flower,* Miss M. McBride, Miss D. Cavell, Miss M. Willoughby, Miss I. McLeod, Mrs. James; *Press,* Miss M. Fraser; *Representative* to *Local Council of Women,* Miss Condie, Mrs. Bell.

QUEBEC

Montreal Graduate Nurses Association

Hon. President, Miss L. C. Phillips; President, Miss E. G. Leys, 3545 Park Ave.; First Vice-President, Miss A. Jamieson; Second Vice-President, Miss F. M. Thomson; Secretary-Treasurer, Miss M. K. M. Drummond, 1230 Bishop St.; Directress of Nursing Service Bureau, Miss F. A. George; Chairman, Nursing Service Bureau, Miss E. F. Upton; Registrars, Misses E. Clark, E. Gruer, M. MacCallum; *Convenor,* Griffintown Club, Miss G. Colley. Regular Meeting held on second Tuesday of January, first Tuesday of April, October and December.

SASKATCHEWAN

Moose Jaw Graduate Nurses Association

Hon. President, Mrs. M. A. Young; President, Miss J. Moir; First Vice-President, Mrs. Droppo; Second Vice-President, Miss L. Carter; Secretary, Miss U. McNabb, 816 Algoma Ave.; Treasurer-Registrar, Miss E. Heglin, Ste. 202, Walter Scott Bldg.; *Committees: Nursing Education,* Misses McPhedran and H. Young; *Public Health,* Miss Armstrong; *Private Duty,* Misses Coventry and Ferguson; *Programme,* Miss Hildebrant; *Social,* Miss L. Small; *Visiting,* Miss Meadows; *Press,* Miss Reynolds; *Representative* to *The Canadian Nurse,* Miss H. Young.

Alumnae Associations

ALBERTA

A.A., Calgary General Hospital

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A.A., Royal Alexandra Hospital, Edmonton

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BRITISH COLUMBIA

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MANITOBA

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NEW BRUNSWICK

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A.A., Glace Bay General Hospital, Glace Bay

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ONTARIO

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Asplet, director, physio-therapy department; Miss A. Burkhardt, director, recreational therapy department; Miss I. Young, assistant director, social service department. Miss M. Flander, who is in charge of the teaching department of the Hospital, acted as chairman of the round-table and at its conclusion the guests proceeded to the physio-therapy department where Miss Margaret Finley, assistant director, demonstrated postural exercises on a patient suffering from chorea and possible heart disease. The extraordinary improvement in this patient's body mechanics, due to appropriate treatment, was demonstrated by X-ray films.

The initiative displayed by the Provincial Nursing Education Section and the team work of the medical and nursing staffs of the Hospital, combined to give the joint meeting a vital interest which was both refreshing and stimulating.

SASKATCHEWAN

REGINA: The following marriages have recently taken place:

Married: Recently, Miss Irene Goldsmith (R.G.H., 1932) to Mr. R. V. Staples.

Married: Recently, Miss Mary Baird (R.G.H., 1932) to Captain Engle.

OBITUARY

STOKEY—The death occurred on November 3, 1937, of Mrs. Fred Stokey (Sybil Hosking) a graduate of the School of Nursing of the Hamilton General Hospital and a member of the Class of 1922.

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The Canadian Nurse

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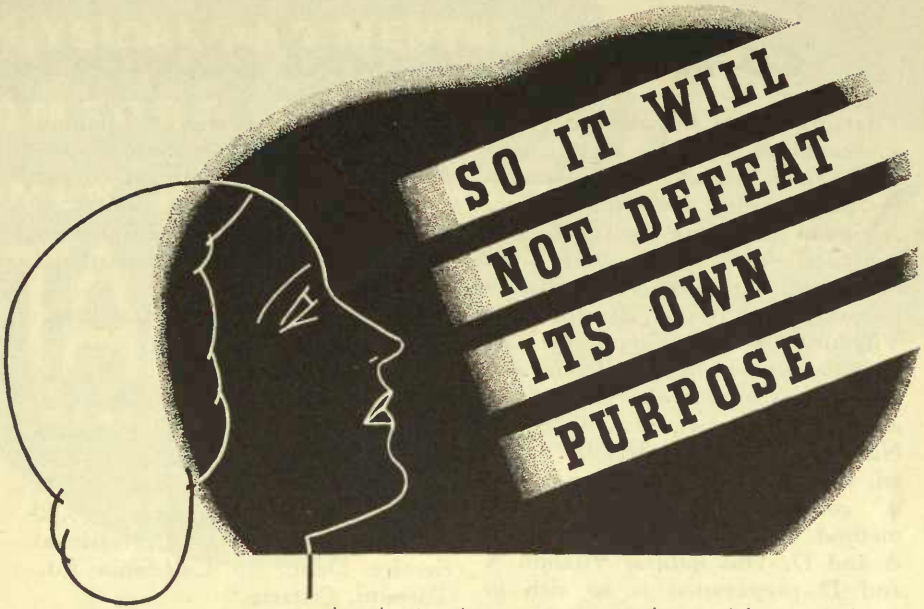

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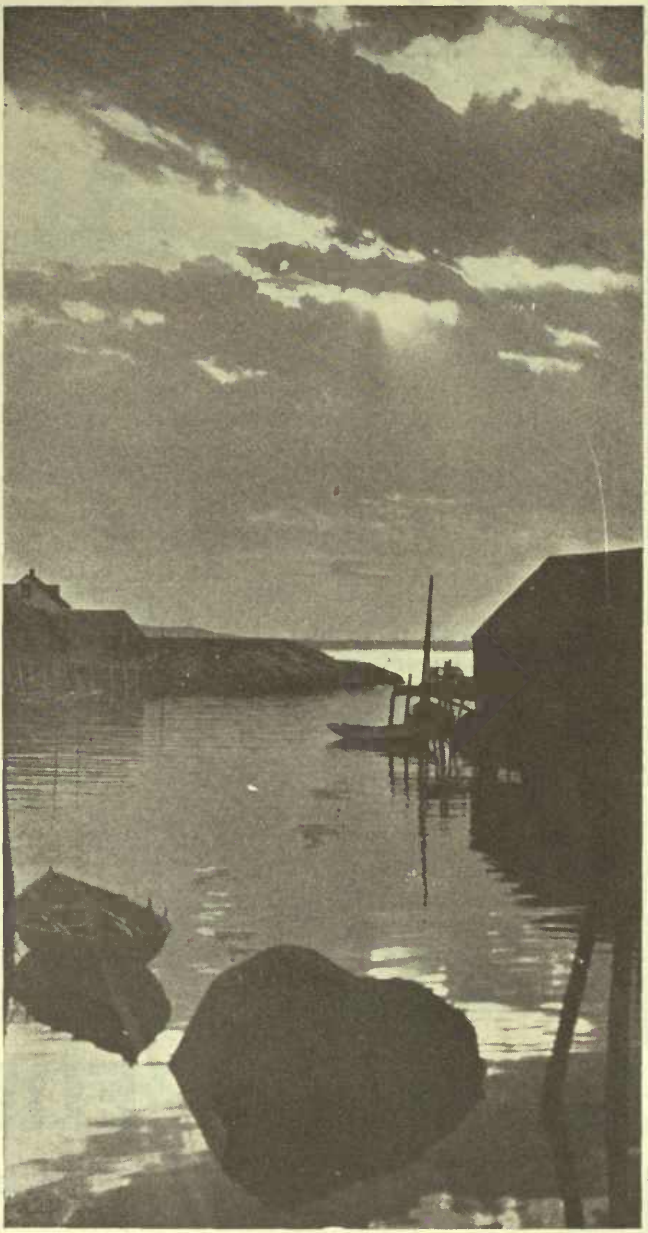

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The
CANADIAN NURSE

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PUBLISHED BY THE CANADIAN NURSES ASSOCIATION

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FEBRUARY, 1938

Halifax, July, 1938

RUBY M. SIMPSON
President, The Canadian Nurses Association

The Nova Scotian, a fine hotel, situated in the lovely old city of Halifax, has been chosen as headquarters for the nineteenth Biennial Meeting of the Canadian Nurses Association which is to be held from July 4 to 9 inclusive, 1938. Already the nurses of Nova Scotia have made splendid plans for the entertainment of their guests who, it is expected, will gather from all parts of Canada. The attendance at recent General Meetings of the Association has been remarkably good. We shall not soon forget the great crowd which assembled in Toronto in 1934 for the Silver Jubilee, nor the very surprising number of more than seven hundred registered in Vancouver in 1936. There is every reason to believe that as many or even more, will find their way to Halifax in 1938. True, British Columbia lured the holiday makers in 1936, but Nova Scotia is said to be equally, if not more alluring! A vacation in the Maritimes would be altogether delightful and to many it would have the added charm of a quite new experience. If it can be fitted in with attendance at a worth-while professional assembly it should prove attractive to large numbers.

The Programme Committee has not yet entirely completed its work but plans have advanced sufficiently to show that a profitable week may be anticipated. We have been fortunate in our special speakers. The Reverend Dr. M. M. Coady, of St. Francis Xavier University, Antigonish, Nova Scotia, will be the dinner speaker and will discuss the work which is being done at that University in adult education, a work which has attracted the attention of educational authorities over the entire continent. Dr. H. B. Atlee, prominent Halifax doctor and author, who is keenly interested in nursing education will address the evening session at which the Mary Agnes Snively medals will be presented.

The greater part of the time of the meeting will be spent in the study of progress reports concerning our various projects. If these projects are to be completely successful it is imperative that the entire membership should be fully informed concerning them. Neither individuals nor groups can be expected to support that which is not clearly understood. We have already entered upon certain undertakings and we are about to make decision regarding others. A brief outline of such may not be amiss at this point.

Dominion Registration

In 1932, the Canadian Nurses Association, in meeting in Saint John, New Brunswick, declared its approval of the principle of Dominion Registration. As indicated, the objective is to provide a means of registration for nurses which would be Dominion-wide and would thus facilitate their transfer from one province to another. In 1934, a Committee was appointed to work out the detail of a plan which might be acceptable for the purpose. The first report, presented in 1936, found members not sufficiently informed to render a decision possible. The Committee kindly continued its work and will present a further report at the Halifax meeting. In every province there now appears to have been an honest effort to study the suggested plan. There should, therefore, be intelligent discussion when the report is presented. Without doubt, this will be one of the most important questions before us this year.

Nursing Service Bureaux

In 1934, at the meeting in Toronto, Ontario, our Association entered upon an official effort toward the establishment of Community Nursing Service Bureaux. The objective of such organization is twofold: First, to provide more adequately for the nursing needs of the community, and second, to develop stability in the employment of those who provide the nursing care. It is anticipated that this may be done through a Bureau, where, under expert direction, study may be made to determine the needs and the most satisfactory means of providing the various types of service required.

An experiment in this connection, with financial support assured, was authorized in 1936, since when a special committee has been working on it. The report of progress to date will be found elsewhere in this issue of the Journal under the caption of *Notes from the National Office*. It is just possible that, with the generous co-operation which is being given by the Victorian Order of Nurses for Canada, a Bureau may be in operation before we meet in Halifax. At least plans will be well under way concerning it. Since such an experiment cannot succeed without the active and whole-hearted support of all nurses and since our Association is financially involved in it, it is highly necessary that it should be thoroughly discussed and the functions of a Bureau clearly understood.

The Curriculum

Those who were in Vancouver in 1936 will remember the enthusiastic reception given to the report of the Curriculum Committee, which included the presentation of the publication, "A Proposed Curriculum for Schools of Nursing in Canada," the result of four years of intensive work by the Committee. The report was accepted and the Curriculum referred to the provincial associations for "experimental use in the next two-year period (1936-1938)." We are informed that the entire supply of one thousand copies of the publication has now been sold, a fact which indi-

cates that Schools of Nursing have entered seriously upon the "experimenal use" as requested. In the meantime, the Committee has been busy with study groups and revision questionnaires in order that evaluation of the Curriculum may be possible at our next meeting. A full session will be devoted to it and generous time allowance will be made for discussion from the floor. Every province should be ready to state its considered opinion on the Curriculum and to make further suggestions in connection with it. Perhaps immediate revision is necessary. Perhaps a further period of experimental use should be allowed. The meeting will decide.

The Nightingale Foundation

In 1933, after years of study, the International Council of Nurses finally entered upon a Memorial to Florence Nightingale. This took the form of a Foundation, supported jointly with the League of Red Cross Societies, through which post-graduate study for nurses from all parts of the world could be provided. London, England, was chosen as the centre for the Course and all countries affiliated with the International Council of Nurses were invited to participate.

The Canadian Nurses Association at once agreed to assume its full measure of responsibility. A plan was decided upon, through which a stated financial contribution would be made each year for five years, to provide in each year for a scholarship for a Canadian nurse and to assist with the endowment fund. To date the plan has been carried through. Four Canadian nurses have attended the Course with our scholarships and, four times, the required sum has gone forward to the Foundation for the endowment fund. We are well on with the fifth and last year of our commitment which we confidently expect we shall successfully complete. Our five year pledge will then be fulfilled. But what of the future? The Florence Nightingale International Foundation will continue with the Memorial. Are Canadian nurses to support it? Are further scholarships to be given? The whole question will be carefully reviewed before a decision is made.

Other Considerations

It will be understood from the foregoing that much of the time of the meeting will necessarily be spent on the topics outlined, but other matters, too, will have a place. "Economic Security for Nurses" for instance, will form the subject of one session and will be considered from all its various angles. It is fairly safe to predict both exceptional attendance and attention at that session! It is a pressing question, indeed, and equally so for all. Then the affairs of our major undertaking, *The Canadian Nurse* will be under review, as well as the activities of Sections and Standing and Special Committees. Last moment place will be made for any matter which appears particularly urgent when the convention dates arrive. There need be no doubt, then, as to either the importance or the interest of the meeting.

Particular attention will be given to the allotment of time for discussion from the floor. Keen discussion is an indication of an intelligent, informed and interested membership, without which no real progress can be made. That the Canadian Nurses Association possesses such a membership has been demonstrated on previous occasions. The Halifax meeting will be no exception.

Provincial, local and alumnae associations will soon be concerned with the appointment of representatives. This

should be done with great care, particularly on the part of provincial associations by which the official delegates are selected. The persons chosen should be those who can most ably give voice to opinions, who can think clearly on new problems which may arise and who can interpret discussion to the best possible advantage in making decisions. Official delegates carry a very real responsibility since they must think and speak for large numbers of vitally concerned persons. Their responsibility is not always fully appreciated. For this reason it is highly desirable that more than one delegate should be sent from each provincial association. True, one person may carry the full quota of votes but such votes may not be placed to the best advantage if there is no one with whom to discuss the questions and share the burden. The Sections, too, will feel greater benefit from the General Meeting if they can be considered in the representation.

Unofficial delegates, who go from local or alumnae groups or independently from their own deep interest in nursing, make up the great majority in the attendance and are most important. They bring the opinion of the rank and file, often expressed more frankly to them than to officials. They bring, too, a zest and enthusiasm which enlivens the meetings and provides a real stimulus for those presiding. No group will be more warmly welcomed. It is, indeed, for them that organizations exist and that conventions are held. That all should enter freely into the discussions cannot be too strongly urged.

So — open the personal and the association purse strings as widely as they will go, perhaps even a little wider than cold judgment suggests. Money is well spent and brings the best of dividends when new life and vigour are awakened in individuals and brought back to organizations. Keep Nova Scotia in mind and talk about it at meetings for the next few months. Secure information as to hotel and railroad rates. Study Tourist Bureau pamphlets to determine vacation possibilities. Look up highway routes — perhaps a group might travel advantageously by motor. In a word, begin now to convince yourself and your associates that July is desirable as a holiday month in 1938, with Halifax and the Biennial Meeting of the Canadian Nurses Association as the destination.

TORONTO REFRESHER COURSE

The School of Nursing of the University of Toronto is planning a refresher course for registered nurses who are interested in records and reports. This course will be given February 9, 10, 11, 12 in the School of Nursing, University of Toronto. The course will consist of lectures and discussions leading to a study of records and reports under the following headings:

(a) Records, their form and preservation.
(b) Record writing.
(c) The use of records and statistics in the preparation of reports.

Lectures will include a consideration of the underlying principles of records and reports from the angle of the health organization and the hospital. Round Tables will be devoted to a discussion of these principles as applied to practice in specific nursing services. An exhibit of accepted types, both health and hospital will be arranged.

Insulin Shock Treatment of Schizophrenia

NORMAN L. EASTON, M.B., and HELEN O. MCNELLY, R.N.
Ontario Hospital, New Toronto, Ontario.

The so-called insulin shock therapy for schizophrenia originated with a young Viennese physician, Manfred Sakel. In 1928 he was using insulin to alleviate the withdrawal symptoms of morphinism, and observed that in moderate doses insulin would pacify and relieve the restlessness. This observation suggested its use as a sedative in other psychotic states. Particularly good results followed in a few cases, who by accident passed into hypoglycemic coma, and Sakel was encouraged to produce coma deliberately in a number of schizophrenic patients. Five years of experiment followed before he read his first paper on the subject before the Medical Society of Vienna, on November 14, 1933.

The treatment was first used in America in September, 1936, when Dr. Sakel was invited by Dr. F. W. Parsons, then Commissioner of the Department of Mental Hygiene for New York State, to come to New York and demonstrate his technique before a selected group of psychiatrists at Harlem Valley State Hospital. It was first used in Ontario in May, 1937, when an insulin unit was established at the Ontario Hospital, New Toronto and a group of six patients were placed under treatment. Since then our facilities have been increased and at present twelve patients are receiving the treatment.

The technique used is that taught by Dr. Sakel and consists essentially of the methodical production of severe hypoglycemic shocks. It is divided into four distinct phases:

1. *Preparatory Phase*: An initial dose of 5 to 20 units of insulin is given, intramuscularly, early in the morning, on an empty stomach. It is then increased 5 to 10 units daily until the patient passes into coma. This usually takes about two weeks.

2. *Shock Phase*: This consists of the daily administration of a sufficiently large dose of insulin to produce coma. The sensitivity of patients to insulin differs, and this dose may vary from 15 to 500 units. Twenty to fifty such shocks are usually given.

3. *Rest Phase*: During the early stages of the treatment it was considered necessary to give the patient a rest day between shocks. Subsequent experience has shown that this is not advisable except where some complication has arisen. This phase amounts to one or two rest days per week, usually on week ends.

4. *Terminal Phase*: Once the mental picture remains stationary, the dose of insulin is decreased to one-third of the shock dose and is followed by food two hours later. The purpose of this phase is to stabilize the patient and enable the organism to readjust itself following the large doses of insulin. It usually takes about one week.

The mental changes observed under the influence of insulin are exceedingly interesting. During the first hour after the injection, the patient experiences a sensation of warmth and mild euphoria and many liken it to the effects of a small quantity of alcohol. Somnolence usually follows during the second or third hour. During this period one occasionally observes a lucid interval when the patient will talk quite normally and show considerable insight into his delu-

sions and hallucinations. At this time he is very receptive and accessible and can be benefitted by judicious psychotherapy. Occasionally one observes varying degrees of excitement preceding coma which may require restraint. One likes to see his patient in coma during the third hour. During this phase he will not respond to stimuli of any kind and after waking has a complete amnesia covering this period. During the waking period one again observes a very interesting mental change. The patient usually becomes very affectionate, dependent and talkative and again becomes responsive and accessible. This provides another opportunity to help the patient by means of psychotherapy.

Shock is always terminated after about five hours, by the administration of sugar. The method used depends on the mental state of the patient. If conscious, he drinks about 400 cc of 35% cane sugar solution. If in coma, one usually gives the same solution by gavage. Special care must be taken to definitely establish the position of the tip of the tube before sugar solution is added because an unconscious patient will not show the same signs of distress when the tube passes into the trachea that a conscious patient will. One attempts to suck back gastric contents and test its acidity with litmus or else listen over the stomach with a stethoscope while a small quantity of air is forced into it with a syringe. If at any time the patient's condition becomes critical or if he does not respond within 45 minutes to the giving of sugar water by gavage, about 50 cc of 30% glucose solution is given intravenously. The response to the latter procedure is usually dramatic and almost immediate.

Special training is quite as essential for the nursing personnel on an insulin ward as for the medical staff who direct it and is best obtained by affiliation with a well organized unit. Here the different types of reaction, complications and methods of handling them can all be observed in a relatively short period of time.

The following routine procedures have been found useful: To the night nurse falls the task of serving lunch at 8 p.m. which consists of bread and butter, honey and milk after which all food is taken from the patients and stored in a cupboard till noon the following day. This is important because the taking of food after 8 p.m. counteracts the effect of the insulin and makes treatment unsuccessful. Patients will secrete food in all manner of places and a thorough search is always necessary. She visits all patients every half-hour and satisfies herself that none are passing into secondary shock. Before going off duty she collects a fasting specimen of urine from each patient and arranges for it to be sent to the laboratory for routine examination.

If the morning temperature, pulse and respiration rates are normal, the insulin injections are usually given by the charge nurse as ordered by the physician. It is advisable to use only a single strength of insulin (80 units per c.c.) to avoid mistakes.

From the time treatments are given until their termination, the ward should be kept as quiet as possible. Conversation between members of the staff should be in low tones and the lighting kept subdued, as these tend to facilitate the patients passing into coma. Because of the perfuse perspiration the patients show while in coma both pillows and mattress have to be protected by rubber covers. The beds should be equipped with large rubber tired castors so that they may be moved easily and quietly into a single room if a patient becomes noisy.

In order to meet all emergencies quickly, it is essential to have at hand an emergency tray containing the following:

50 c.c. Luer syringes—sterile.

2 c.c. Luer syringes—sterile.

200 c.c. Janet Franc syringe, for aspiration of gastric contents.

Six needles—No. 21 with short bevel for intravenous and intramuscular work.

Ampoules of sterile glucose solution 30%.

Ampoules of adrenalin, coramin, caffeine and digifoline with files.

Alcohol and pledgets of cotton to disinfect the skin.

Rubber tourniquet.

Gavage tubes—No. 21 French.

Strips of litmus paper to test acidity of fluid aspirated.

Feeding cups containing 35% cane sugar solution.

During the morning, the nurse must give her patients, usually three in number, her undivided attention and be ever on the alert to observe changes as they occur. The temperature and pulse are recorded every half-hour. The former almost invariably drops and often as low as 94.6 degrees. With the low body temperatures, chills will be frequently observed unless hot water bottles and extra blankets are supplied. In the pulse rate one notes chiefly changes in rate and rhythm and these must be reported immediately as they may be an indication for termination.

Respirations may become labored and stertorous or severe laryngo spasms may occur and indicate termination of treatment. Quite often those complications are relieved by turning the patient over to one side and supporting the back with a pillow. This also applies to the period when he is salivating and will prevent the aspiration of saliva. When treatment has been terminated the patient is allowed to remain quiet without undue stimulation or manipulation for from fifteen to thirty minutes, during which time they usually regain consciousness. An alcohol rub is then given and clean bed linen and personal clothing supplied. The patient remains in bed for lunch and for the following hour. Temperature and pulse is again taken after which each patient has a shower or tub bath and is dressed.

In the course of the afternoon we strive to attain an active and social atmosphere rather different from that of the morning routine. There is a fairly wide variety of occupational therapy available and every effort is made to select for each individual patient an interesting and educational past time. Some of the forms of activity our patients enjoy most are tennis, croquet, badminton, ping pong, checkers, bridge, sewing, knitting, weaving, long walks and picnics. They also have access to the hospital library.

One of the ever present dangers of insulin shock therapy is the occurrence of delayed or secondary shock. By this we mean that a patient again passes into shock after he has been brought out of hypoglycemia by the administration of sugar. The symptoms are the same as one sees after giving a dose of insulin, namely perspiration, cold clammy skin, stertorous respiration and unconsciousness. This condition is sometimes difficult to recognize at night when the patient would naturally be asleep. If in doubt it is always wise to attempt to rouse him and, if successful, have him drink about 400 c.c. of sugar water. If this is impossible, a physician must be called and the equipment made ready for either gavage or intravenous administration of sugar water. Delayed shock is always harmful and may be dangerous because it has gone unrecognized and been responsible for some of the deaths attributable to the treatment. We have had comparatively few cases of this complication probably due to the alert-

ness of our nursing staff and to the practise we have established of giving a lunch high in carbohydrate last thing before they fall asleep.

During the periods of excitement that occur during hypoglycemia a nurse can do a great deal to reassure and calm her patient. This "mothering" of the patient has definite therapeutic value for it inspires confidence in the nurse and makes him dependent on and hence accessible to her. Occasionally he will become restless and noisy to the extent of disturbing the other patients. He is then quietly wheeled into a single room, with a special nurse who is provided with an extra emergency tray.

Another important part of the nurse's work is the keeping of accurate records, as it is on these that the physician depends in directing the course of the treatment. They include a description of the mental state of the patient prior to the insulin injection. During hypoglycemia one notes at half-hour intervals the temperature and pulse and records at hourly intervals the blood pressure and sugar level. One also notes the various symptoms of hypoglycemia as they appear, namely perspiration, flushing, myoclonic twitching, salivation and epileptiform convulsions with the time of their appearance. The time of onset of coma, its termination, first signs of returning consciousness and the time of return of complete consciousness are all recorded. Finally, a complete note is made covering the patient's mental state, behavior and productions etc. during the afternoon and evening.

At New Toronto we have found it helpful to hold a weekly informal conference of the entire insulin staff, which includes two full time psychiatrists, a full time psychologist, a part-time occupational therapist, a full time technician and seven graduate nurses. Here, we discuss the progress made by each of the patients during the preceding week and any modifications in the treatment which may be suggested.

In order to successfully handle this new form of therapy a nurse must be tactful, resourceful, keenly alert, quick to act, and yet capable of maintaining her equanimity at all times. No where in the field of psychiatric nursing will one find a greater challenge and at the same time derive more satisfaction from her work than when on duty on an insulin ward.

Canadians for South Africa!

In the January issue of the *Journal*, an announcement was made by Miss Jean E. Browne, convener of the Exchange Committee of the Canadian Nurses Association, concerning opportunities for Canadian nurses in South Africa. The services of twenty nurses were requested and already four Canadians are on their way. Miss Winnifred Perrin and Miss Ruth A. Webb, nurses on the staff of the Hospital for Sick Children, Toronto, sailed for England from New York on January 11. They will leave Southampton by the *Balmoral Castle* on January 21 and expect to arrive in Capetown on February 7. Three nurses from Edmonton, — Miss Ruth Ramsay and Miss Mary Slaney from the Royal Alexandra and Miss Jessie Grant from the University of Alberta Hospital — will leave for South Africa on February 25. The new hospital in Capetown is to open officially on February 1.

THE EDITOR'S DESK

"Halifax, July, 1938"

The President of the Canadian Nurses Association, Miss Ruby M. Simpson, has chosen this apt title for the leading article in which she so ably summarizes the issues which will be dealt with at the forthcoming Biennial Meeting. The President pays tribute to the charm of Nova Scotia thus: "A vacation in the Maritimes would be altogether delightful, and to many it would have the charm of a quite new experience." We feel we ought to warn you about Nova Scotia: once you have fallen under the spell of the landscape (and the people) it is hard to escape. In fact we have given up trying!

Community Nursing Bureau

Among the important projects which are to come up for discussion and possible action at the Biennial Meeting is the establishment of an experimental Community Nursing Bureau under the joint auspices of the Canadian Nurses Association and the Victorian Order of Nurses. Under the caption of *Notes from the National Office* will be found an excellent report of the progress which has already been made toward getting the project under way. The success of this experiment depends largely upon the measure of co-operation and goodwill which is given to it by private duty nurses.

Dominion Registration

The report of the Committee on Dominion Registration for Nurses in Canada, as authorized for publication by the President of the Canadian Nurses Association, appears in this issue of the Journal. This extremely important matter deserves careful study on the part of every nurse in Canada.

Reader's Guide

The articles in this issue which deal with nursing practice, rather than with nursing organization, seem to us to be unusually vivid and interesting. △ If you think the subject of examinations is dull you might read the article by Miss Grace Giles which deals in a lively fashion with this prickly question. If, after doing so, you still think the subject dull you had bettter have your intelligence quotient checked. It may be a trifle low. △ The article on Insulin Shock Treatment in Schizophrenia, prepared by Dr. Norman L. Easton and Miss Helen O. McNelly, is a model of its kind. It explores a new field of psychotherapy and the directions for nursing care are so admirably clear and practical that, in themselves, they prove the value of the clinical teaching which can best be given in a hospital devoted to the care of the mentally ill △ Some nice things have been said about Miss Marion Nash's article, "Links in a Chain," which appeared in our December issue. "Put brains in your budget," by Sophie Cram and Ruth Sheldon, is the second link — and a third is in the making.

A Correction

In the January issue of the *Journal* a news item was published concerning a District Health Unit which covers the whole of Cape Breton Island. This was described as being a "County Unit" but, while we regret the mistake, we cannot accept responsibility for it since the Unit was so designated in the original manuscript.

NURSING INSTITUTE AT McGILL UNIVERSITY

The School for Graduate Nurses, McGill University, has planned a three-day Institute, March 1, 2 and 3 inclusive, dealing with the application of the Proposed Curriculum. The programme will consist of lectures, discussion periods, nursing clinics in hospitals, and a dinner meeting.

Tuesday — March 1

9 a.m.

(a) What the Public expects of the Nurse: Miss Elizabeth L. Smellie, Chief Superintendent, The Victorian Order of Nurses for Canada.

(b) Trends in Modern Education and their implications for Schools of Nursing: Miss Catherine Mackenzie, Principal, the Montreal High School for Girls.

(c) Adjustments and new emphases in Nursing Education: Miss Marion Lindeburgh.

2 p.m.

(a) General plan of the Proposed Curriculum: Miss Nora Nagle, Instructor, School of Nursing, The Royal Victoria Hospital.

(b) Integration of Health and Community Aspects: Miss Esther Lewis, Health Adviser and Public Health Instructor, The Montreal General Hospital School for Nurses.

8 p.m.

Conference on Clinical Nursing: Introducing the Student into a New Service: The Montreal General Hospital School for Nurses.

Wednesday — March 2

9 a.m.

(a) The Staff: division of responsibility and relationships: Miss Mabel K. Holt, Superintendent of Nurses, The Montreal General Hospital School for Nurses.

(b) Staff Education: Miss Marion Nash, Educational Director, Victorian Order of Nurses for Canada, Montreal Branch.

2 p.m.

(a) Principles of Educational Supervision as applied to Nursing: Miss Marion Lindeburgh.

(b) Round Table Conference on Methods of Clinical Assignment.

8 p.m. Dinner Meeting: address by Miss Ethel Johns, editor, *The Canadian Nurse*. A moving picture will also be shown, entitled: "Nurses in the Making."

Thursday — March 3

9 a.m.

(a) Methods of evaluating students and their work: Dr. N. W. Morton, Department of Psychology, McGill University.

(b) Round table discussion of Nursing Records. Leader, Miss Gertrude Bennett, Principal, School of Nursing, Ottawa Civic Hospital, and Convener, Sub-Committee on Records, Curriculum Committee, Canadian Nurses Association.

2 p.m.

(a) Nursing in a Special Field: the Montreal Neurological Institute.

(b) Some newer therapeutic measures and methods: School of Nursing, Royal Victoria Hospital.

Application should be made not later than February 20 to the Secretary, School for Graduate Nurses, McGill University, Montreal. The fee of $5.00 (which includes the dinner session) should accompany the application. This sum will be refunded in case of inability to attend, providing that notice of withdrawal is received on or before the opening day, March 1, 1938. If sufficient applications are not received by February 20, the School reserves the right to cancel the Institute.

New Ideas about Examinations

GRACE GILES

Instructor and Supervisor of Nurses, Toronto General Hospital

The excellent article by Miss Esther E. Lewis in the November issue of *The Canadian Nurse* contained one of the most stimulating sentences I have come across for a long time. It was this: "Why not use available resources to the best possible advantage, and get on with our knitting?" This suggestion has a wealth of implications, and offers a direct challenge in the field of examinations. *There* is a phase of nursing education which is singularly within our jurisdiction. No need to wait for government grants before we can make progress here! Experimentation, leading to improvement, is possible to the extent have we nurses have the initiative to make it. That improvement is needed is pointed out in Dr. Weir's "Survey of Nursing in Canada" and the Proposed Curriculum for Schools of Nursing in Canada also emphasizes the importance of validity, reliability, and objectivity in testing.

Much valuable information on the subject of examinations is available as a result of academic research. What types of examinations are being used in the schools, and how will they suit schools of nursing? The way to answer that question is to experiment and find out. There is certainly a place for oral examinations and for special types of tests based on carrying out procedures, but much remains to be done in determining how they may best be used. The present discussion will therefore be confined to one type of examination which has received a great deal of attention in academic circles during the past few years; the Objective, or New Type Examination.

Stated very briefly, this type of examination consists of a large number of questions, each of which allows for only one correct answer, and that answer may usually be given in a single word or a short phrase. There are various types of questions; some involve making comparisons, others necessitate the recall of certain facts. But whatever the type of the question may be, the answer has to be brief and definite. Either the student knows or she doesn't know, and the person marking the paper sees at a glance what mark should be assigned. Moreover, another examiner marking the paper would assign the same mark. Providing the answer is correct, there is no variation in the mark assigned to different students. Such subjective features as writing and English have no part in evaluation in this type of examination. They have been well named *objective* tests.

No doubt many instructors in schools of nursing are already using objective tests extensively in their work and those who are already familiar with the New Type Examinations know that they are of considerable value. It has, however, occurred to the writer that there may be a wider field of usefulness in that they might well be used in testing students on lectures given by the doctors. Such a

suggestion immediately raises the question as to who is to make up such a paper. The answer would be: the supervisor. She has the doctor's notes, she is familiar, or can easily become familiar, with new type tests, and is, perhaps, the best judge of the information which it is most necessary for the student to review through examination. She presides at the examination and is thus in a position to correct any wrong impressions the student may have immediately after the papers are handed in.

This suggestion may not be altogether acceptable to some instructors or supervisors, who feel they already have more work than they have time to do. But before you veto the suggestion entirely, read on, and learn the merits of the proposal. You may not be convinced—that does not matter! We just hope that these remarks will stimulate constructive thought on the subject of examinations on the part of those who are interested in nursing education and the value of examinations as outlined in the Proposed Curriculum will form a basis for our discussion:

1. The student's achievement and rate of progress are determined.
2. The student sees her strengths and weaknesses and her place in relation to the class.
3. The teacher is assisted to adjust her instruction to the needs of the class.
4. Examinations encourage students to study.
5. Examinations set a standard of attainment.

Under the present system in many schools of nursing, it is fair to assume that so far as tests on doctor's lectures are concerned, the real results obtained from examinations are those listed under 4 and 5. How then may we do this testing efficiently and with the greatest economy of time and effort? We must of course consider:

The nature of the questions which should be asked.

The best method to use in asking the questions.

There has been a tendency in the past to make doctors' lectures a basis for questions on nursing. Is this fair to the student?

Let us next study the content of the doctor's lectures on which an examination is based. Almost without exception, the subject matter deals with the disease and the doctor's approach to and treatment of it. This is valuable in giving the nurse the doctor's point of view and broadening her knowledge, thus showing her why she does what she does. But the specialist in surgery (or whatever other branch he may be lecturing in) does not attempt to tell nurses how they should nurse the patient. It is true that he usually does include references to nursing care in his lecture, but they are incidental. It is this very fact which makes it important to decide what we may expect from the student nurse on an examination paper.

The length of time allowed for examinations is too short to permit the student to do much thinking and she relies on memory to a great extent. Consequently, when such a question is asked as: "Give the nursing care of lobar pneumonia," it is not surprising that the answer almost invariably includes, such points as: "Codeine, gr. 1, P.R.N., for cough or pain, and oxygen therapy for cyanosis," while such a point as watching the patient for signs of cyanosis is not mentioned, nor is the care to be exercised in giving drugs P.R.N. even suggested. How can we expect anything else? The doctor assumes that the nurse knows such things, and the nurse assumes that her paper will be rated on the points which the doctor made in his lectures, and therefore answers accordingly.

Then there is inequality of preparation. Some students writing the examination may have had more nursing experience in a given department, as well as additional lectures. The answer given by such a nurse will probably deserve higher marks, though it is obvious that this is unfair to a student with less background. The useless attempt on the part of nurses to supplement their meagre knowledge and lack of practical nursing experience by cramming from textbooks is illustrated by the ridiculous answers which are given on examination papers every year.

What are we going to do about it? It does not seem possible, even if it were desirable, to have the doctors lecture on nursing. Supervisors are taking over this part of the nurse's education and our problem is: how can we encourage the nurse to study the lectures she has received so that she will have the information contained in them to apply to future situations? As yet, some form of examination seems to be the only answer. It is at this point that a discussion of the objective type of examination seems useful because it appears to offer an improvement on the old, or essay type of questioning.

These are the limitations of the old type examinations:

They do not accurately measure the accomplishment of the student with a poor power of expression. After all, an examination is not a lesson in English.

Essay examinations, due to lack of time, actually give rise to undesirable habits, in writing and grammar.

They use up too much time in the mechanics of answering, instead of stimulating real thinking on the question.

It is sometimes contended that new type questions are not thought questions. Are most essay questions thought questions, or are they memory questions? What may be a thought question for one student may be a mere memory for another—it depends on the background. Also, once a thought question has been used, it will afterwards be a memory question: think of the number of students who prepare by cramming the answers to the questions which have been given on preceding examinations. Furthermore, it is difficult to vary the questions asked in a paper which is based on eight or ten lectures, when perhaps ten questions are required, all of equal value.

Old type tests may discourage systematic and thorough review. Students may take a chance on certain points not being asked. A good illustration of that was given recently when, in the paper in hygiene and preventive medicine, the question was asked: "Mention the names of several men who made great contributions to our knowledge of preventive medicine." The lecturer had given practically a whole period to a discussion of these men, but this question had not been asked on previous papers. Only one student in a class of forty answered it.

Now for the merits of new type:

They are more reliable because they permit a wider sampling. Long tests tend to be more valid than short ones. They are more objective in scoring. The result is the same no matter who marks the paper. There are no half-truths and ambiguous statements which it is impossible to evaluate accurately.

They give satisfaction to the student because the examiner touches on both her strong and weak points.

The questions are not likely to be misunderstood.

The marks are not affected by spelling or English.

Their use tends to lead pupils to acquire relatively exact and detailed knowledge.

They point out definitely the things that are not known, make for purposeful remedial instruction, and provide better motivation for study.

In the new type, the student is not thrown entirely upon her own resources. Some suggestion for answer is usually made. This is

not undesirable, since it tends to strengthen knowledge which is marginal or hazy.

New type examinations sample more widely and take less time for the student to answer.

New type papers have been found by educators to take about one-third as long to correct.

It is more valuable to spend time on construction and less on scoring, which is drudgery.

New type tests may be used over again with comparatively slight modification since the number of items is large.

The method of building objective tests will be described in the second article of this series which will appear in an early issue of the *Journal*.

(To be continued)

A Notable Career

At a Special Court of Governors, held at St. Thomas's Hospital, London, on November 23, the resignation of Dame Alicia Lloyd Still, D.B.E., R.R.C., from the position of Matron of the Hospital and Lady Superintendent of the Nightingale Training School for Nurses, was accepted with much regret, and an address was presented to her thanking her for her long and devoted service to the hospital. Dame Alicia was trained in the Nightingale Training School, from 1896 to 1899, and after holding posts as Sister at St. Thomas's Hospital and of Lady Superintendent of the Brompton Hospital for Consumption and of the Middlesex Hospital, she returned to St. Thomas's Hospital in 1913, as Matron. During the Great War she was Principal Matron of No. 5 General Hospital, T.F.N.S. She is a member of the Army Nursing Board, and attended the Congresses of the International Council of Nurses in Montreal in 1929, and in Paris in 1933, when she was elected President of the International Council of Nurses for the following Quadrennial period. She has been a member of the General Nursing Council for England and Wales from 1920 to 1937; President of the Florence Nightingale International Memorial Committee, and Founder and President of the Nightingale Fellowship, and President of the Hospital Matrons' Association. She presided with distinction and charm over the International Congress of Nurses held in London and contributed largely to this unique occasion.

Dame Alicia is succeeded by Miss Gladys V. L. Hillyers, assistant Matron, who holds the Diploma in Nursing conferred by London University and served successively as ward sister, night assistant, and sister in charge of the Preliminary Training School at St. Thomas's Hospital.

EDUCATIONAL DIRECTOR

Qualified, experienced Instructress required for September 1, 1938, in a hospital of 600 beds having a School of Nursing with an enrolment of 200 students. Applications received until March 1 by:

Superintendent of Nurses,
Hamilton General Hospital, Hamilton, Ontario.

Put Brains in your Budget!

SOPHIE CRAM and RUTH SHELDON

Members of the staff of the Victorian Order of Nurses

In the December issue of the Journal *the reader will find an article, entitled "Links in a Chain", in which Miss Marion Nash describes the educational programme carried on by the Montreal Branch of the Victorian Order of Nurses. This month, two of its staff members show how effectively the principles they have learned by means of staff conferences and expert advice may be applied in practice.*—EDITOR.

The Victorian Order nurse has the privilege of entering thousands of homes and while her hands are busy her mind is alert, for she must select and teach some member of the family to give care when her brief visit is over. She must be ever observant of the total family situation and quick to seize every opportunity for teaching the meaning of health. One of the Victorian Order's most frequent and lasting contacts is the maternity patient, who may register with the organization in the early months of pregnancy and receive services until the baby is one month old, or, in some localities, even longer. During these months of frequent visiting, the nurse has the opportunity to do her most fruitful work by helping the parents to secure a knowledge of food values that will not only enable them to safeguard the health of the mother and infant but will also improve the nutrition of the entire family.

Much of the ill health and lowered efficiency in any family is due to lack of the food constituents necessary for body building and repair. This condition may be due to ignorance or to poverty, or to a combination of the two, but whatever the cause, the nurse must be aware of the situation and competent, at least, to dispel ignorance and, by skilful use of community resources, to combat poverty. In Montreal we are fortunate in having on our staff a nutritionist, Miss Marion Harlow who brings us her scientific knowledge of nutritional values, as well as instruction in buying, budgetting and cooking. Miss Harlow is available for individual conferences one day a week in each office. Monthly she holds, with each district office staff, a group meeting at which the nurses are encouraged to discuss matters pertaining to nutrition. Two fairly typical but contrasting nutritional problems were recently presented for discussion and, as such problems are common to all communities, a presentation of our method of approach may be of interest.

Have you ever tried budgetting your income? If not, perhaps you hardly appreciate the difficulties of budgetting a

food allowance that is scarcely sufficient for absolute necessities even when managed with the utmost skill. Then why, if it is so difficult, do we except an overburdened mother to make the attempt? Certainly not to add to her problems, but rather because the nurse must have facts upon which to base her teaching, that is, she must know how much money there is to spend and how wisely the housewife has been accustomed to spend it. The budget also enables the mother to see for herself how her food purchases compare with those suggested as adequate for health and consequently stimulates her to seek help with her planning, buying and cooking.

It is not as a rule a good plan to begin by talking to the housewife about anything so mysterious as a budget, but it is practical to ask her to keep her food bills for a week so that by going over them with her we may find out whether the family is getting the greatest possible food value for the available money. Most mothers are willing to accept suggestions that offer the remotest possibility of adding to the purchasing power of the dollar, but occasionally an individual who needs help is hesitant to try anything new. This is how one nurse overcame such reluctance:

Miss S—, finding Mrs. Brown somewhat unresponsive when any mention of nutrition was made, said to her one day: "Mrs. Brown, I've been wondering whether you'd like to do something for me. I cater for myself and keeping within my allowance is not my strong point. You are such an experienced housewife that if you would work with me I could learn a lot that might be passed on to other families as well as helping me to balance my own budget." Mrs. Brown's immediate response was: "Oh! if it's any help I can be to you, nurse, I'll be only too happy." Accordingly, Mrs. Brown did keep a budget. The result was that nurse and housewife pooled their knowledge to mutual advantage, the housewife suffering no loss of pride.

When the bills have been kept for one week, the nurse and mother should total the accounts, divide the money into five more or less equal parts, calculate in one column how much has been spent, and in the other how much should be spent on each of the following groups of foods: (1) milk; (2) cheese, meat, fish and eggs; (3) breads and cereals; (4) vegetables and fruits; (5) fats and sweets. After explaining where economies can safely be effected and why certain foods have a higher value than others, a simple inexpensive recipe (preferably one that the nurse has tried out) may be left with the housewife so that she may try it, calculate the cost, and offer it to her family for their approval. The usual response to this visit is: "You'll be in again next week, nurse, to see how I'm getting along?"

All is not yet plain sailing however, because the habits of a lifetime are not changed over-night. Yet by dint of encouragement and frequent visiting over a period of time a tactful nurse can

Over the teacups

accomplish a great deal. It must be borne in mind that budgets cannot be produced ready-made. Prices vary in different localities and at different seasons and the nurse must be informed about the shops in her district and thus know where the best values are to be found. The food requirement for any family is the sum total of the requirements for every individual member of the family, therefore the age, occupation and health of each individual is as essential data as prices and the amount of money available.

The aim of those interested in the health of the Canadian people is an optimum diet, but at present the food allowance of many families falls far below that which is adequate for health. All we can do in such circumstances is to so help our families that their economies will result in the least possible harm. When economy must be practiced milk should be the last food to be severely reduced although, being realists, we must accept the fact that some families are forced to this extremity. When milk is more than twelve cents a quart, evaporated milk diluted with an equal quantity of water is more economical than fresh milk. If the flavour of evaporated milk is objectionable, as it will be to some, it can be used satisfactorily for cooking.

The more drastic the need for economy, the greater is the need for careful planning and buying. It is advisable to purchase supplies only once or twice a week, and to plan meals for several days in advance so that good use may be made of left-overs. The housewife, keeping in mind the money at her disposal, must select from the variety of foods offered those that will best promote growth, supply energy and safeguard the health of her family.

At this point a concrete example of two contrasting budgets might be interesting. The first budget was presented by Mrs. Green, the mother of a family of meagre education, living on a subsistence allowance. This family includes the father, who after four years on city relief has recently secured labouring work, the mother, and three children, aged six, four and three years. We present a summary under two headings. Under the first, you will find what was actually spent for the five major food groups and, under the second, that which might have been purchased for the same amount of money.

Making out the budget

Mrs. Green's own budget	
Milk	$ .99
Meat, fish, eggs, cheese	1.40
Bread and cereal	1.56
Fruit and vegetables	1.12
Fats and sweets	.80
Total	$5.87
The recommended budget	
Milk	$1.55
Meat, fish, eggs, cheese	.86
Bread and cereal	1.30
Fruit and vegetables	1.20
Fats and sweets	.96
Total	$5.87

In the budget presented by Mrs. Green, the amount of milk used by the

family falls far below that which could have been purchased. Ideally, the menu should include two vegetables per day besides potatoes. Canned or fresh tomatoes in season and green leafy vegetables should appear at least three times per week. Some dried fruits should be included, as they are four times as concentrated as fresh fruits, and provide minerals, sugar, and vitamins, with the exception of Vitamin C, which is supplied by the tomatoes if they are properly cooked. The amount of fruit and vegetables falls not far below the recommended amount,, and tomatoes were included once in the menu for the week. The bread and cereals used are high, but five pounds of flour is included in the amount shown.

The proportion spent on the meat, cheese, eggs and fish group is high in proportion to the total expenditure. Forty cents was spent for a dozen eggs. It would have been better had the family used one-half the quantity of eggs and substituted twenty cents worth of cheese, which is an excellent meat substitute because it is a first class protein and is high in calcium. Baked beans, which are a good substitute for meat, were used once; long, slow cooking was made possible at little cost by the use of the home-made fireless cooker. Fifteen cents was unwisely spent for a four-ounce tin of canned meat for the man's lunch. However, we cannot be wise all the time and this extravagance must be charged up to satisfaction.

The fireless cooker

Beef or pork liver, which can be purchased very cheaply and made into appetizing dishes, and which should appear once or twice weekly, does not appear at all. A recipe for liver loaf was discussed with Mrs. Green and she is to try this and have a loaf ready for the nurse to taste on her next visit. Some dried fish might also be used to advantage, as it is a good source of iodine and reasonable in price. The amount spent in fats and sweets is a trifle low but the use of some molasses, which is a good source of calcium and iron, was encouraging. Peanut butter for sandwich filling was suggested as a means of raising the level of this expenditure. These low cost diets leave no margin for tea, coffee, salt, or any condiments and life is a pretty dull thing without a little spice to add zest and variety, so that we must not appear critical if money which we think should be spent for nourishment is sometimes diverted to other purposes.

It is doubtful whether it is possible for a family to procure on this allowance, continued over an extended period of time, a diet that will safeguard health. Certainly it would not meet the requirements as outlined in the Ontario Medical Report, 1933. Calculations based on April, 1937, prices for a fami-

ly of five in the same age group called for an expenditure of six dollars and forty cents per week. However, if the improvements suggested were put into practice the family would at least secure the maximum of food value for the money spent.

The second budget under discussion was kept by Mrs. Jones, whose husband is employed as manager of his fathers's grocery store. His salary is adequate and he has an opportunity to buy at better prices, but his purchases are sometimes influenced by the perishable left-overs rather than the housewife's need. The ages of the three children range from three years to an infant of six weeks. Mrs. Jones is an intelligent young woman with a fair education and the home is comfortable and well kept. When first visited she was eight months pregnant and two antepartum, nine post-partum and four post-natal visits were made. Mrs. Jones was constipated and rather pale and the attending doctor thought she was somewhat anaemic and suggested a high iron diet. She therefore kept a budget (to provide a basis for discussion) which is here presented together with that recommended by the nurse.

Mrs. Jones' budget

Milk	$1.54
Fruits and vegetables	2.00
Bread and cereals	1.10
Meat, fish, cheese, etc.	3.40
Fats and sweets	2.36
Total	$10.40

The recommended budget

Milk	$2.09
Fruits and vegetables	2.67
Bread and cereal	1.20
Meat, fish, cheese, etc.	2.08
Fats and sweets	2.36
Total	$10.40

You will observe that the total amount spent for food was adequate but that

Growing their own vitamins

the milk falls far short of the needs of a nursing mother and two young children. The fruits and vegetables should be increased for their iron content and their laxative value. The bread and cereals are slightly low but meet the family requirements quite well. It was suggested that cracked wheat and cooked cereals are richer in food value and cheaper than the packaged varieties and, that while winter fires made long cooking possible, flavour and digestibility were improved.

The amount of money spent on meat and meat substitutes is excessive. It was suggested that the meat be reduced, but that liver be increased for its iron content and that cheese and eggs be increased. It was explained to Mrs. Jones that as she is providing her infant with about a pint of fluid per day that it is necessary for her to increase her fluid intake. When asked whether she was not thirsty during the nursing period, she

replied: "Well, come to think of it, nurse, I usually am". It was therefore suggested that if she would place a glass of water or fruit juice on the table beside her she would probably drink and enjoy it.

Mr. and Mrs. Jones are both interested in the development of their children. As a girl, Mrs. Jones worked outside the home and has had to learn anything she knows about housekeeping since her marriage. However, she has made good use of the Canadian Medical Association cook book and will, under supervision, improve her knowledge of food values and her skill in cooking and planning.

These two families present a sharp contrast in every respect except the size of the family, which numbers five in each case. The children of the second group are somewhat younger than those of the first, the occupation of the two men in dissimilar and the education and mentality of the parents markedly different. The second family has fairly good general health and social security, the first has been subjected for years to insecurity and all the evils associated with it. The first family has an inadequate food allowance and the second has sufficient for all reasonable needs. Yet there is a common bond: *neither family is spending the food allowance to the best advantage* and both need instruction that will enable them to understand the effect upon health of well balanced meals and the place of wise planning and marketing in securing a healthful diet.

THE VICTORIAN ORDER OF NURSES

Miss Grace Hill has been transferred from the Vancouver staff to take charge of the Branch at Pembroke, Ontario, replacing Miss Kain, who is now in charge of the Owen Sound Branch.

Miss Hazel Ingram has been transferred from the Winnipeg staff to take charge of the newly opened Prince Albert, Saskatchewan, Branch.

Miss Grace Versey has been transferred from the London staff and is now in charge of the Oshawa Branch, replacing Miss Jean Smith, who is on leave of absence from the Victorian Order of Nurses for Canada.

Miss L. M. MacMillan is relieving temporarily in charge of the Glace Bay Branch, Miss Seaman having been granted leave of absence.

Miss Muriel Tait has resigned from the Owen Sound Branch.

SUPERVISOR OF OBSTETRICAL DEPARTMENT

An experienced graduate nurse, with good post-graduate work in Obstetrics, to take complete charge of Maternity Department in a small hospital. Apply stating age, qualifications, and salary expected, to:

The Superintendent of Nurses
Chipman Memorial Hospital, St. Stephen, N. B.

Report of the Committee on Dominion Registration for Nurses—1937

Madam President and Members,
Executive Committee,
Canadian Nurses Association:

It may be recalled that at the last biennial meeting of the Association that it was resolved:

(a) That the Committee on Dominion Registration for Nurses in Canada be reappointed and asked to clarify its report in the light of both the discussion and the resolutions referred to it at the general session of the Biennial Meeting, July 3, 1936;

(b) That, in order to secure definite recommendations from each Provincial Association, the report as clarified be submitted by the Committee to the Provincial Associations for study prior to their annual meetings in 1937;

(c) That, in order to allow time for adequate consideration of the report before the Biennial Meeting in 1938, the Committee be asked to submit its final report to the Executive Committee of the Canadian Nurses Association by December 1, 1937;

(d) That, the Provincial Associations be asked to consider the suggestion of extending an invitation to a member of the Committee to discuss the question with them.

In addition to these instructions from the General Meeting the President urged the Provincial Associations to study the original plan and to send their criticism and suggestions for amendments to the Committee.

In a memorandum to the Executive Committee in March, and again in June 1937 (copy of which was sent to the Provincial Associations and the representatives on the Committee) it was pointed out that to date no requests for elucidation of specific points in the original plan were received by the Committeee. It was further pointed out that the revised report must be in the hands of the Executive Committee not later than December 1937 and that suggestions for elucidation or amendments should be received not later than November 1, 1937. The foregoing will explain why it was not possible for the Committee to submit a revised report to the Provincial Associations for study prior to their annual meetings in 1937 as instructed.

The third instruction is now being met in the presentation of the revised report to the Executive Committee for the December 1937 meeting.

A further instruction that a member of the Committee visit the Provincial Associations was carried out in seven provinces when very serious and general discussion took place.

In March 1937, your Committee was instructed to obtain legal advice as to the feasibility of the Canadian Nurses Association being incorporated for the purpose of setting up a "Council" or "College" or the Association itself establishing qualifications and giving registration to nurses which will be recognised in each Province; this was done and on receipt of the lawyer's opinion, copies of the correspondence with the legal firm of Godfrey and Corcoran were sent to the Provincial Associations as well as to the President and Executive Committee (a copy of the correspondence is appended to this report).

The original nucleus Committee, feeling that their number (three) was too small for a working Committee, sought permission to add to their number. On authorization of the Executive Com-

mittee they added three new members and later another addition was made to include a representative of the "Council on Nursing Education for Canada of the Catholic Hospital Association." The personnel of the Committee stands: Miss Florence Emory, Miss Jean E. Browne, Miss Jean I. Gunn (all past-Presidents), Miss Muriel McKee, Brantford, Rev. Sister Jeanne, Toronto, Rev. Sister St. Albert, Secretary of the Council on Nursing Education for Canada of the Catholic Hospitals Association, and the Convener; the provincial representatives to the Committee are: Alberta—Miss Ruth Thompson; British Columbia—Miss Elizabeth Breeze; Manitoba—Miss Jean Houston; New Brunswick—Miss Maude E. Retallick; Nova Scotia—Miss Victoria Winslow; Ontario—Miss Mary Millman; Prince Edward Island—Miss Ina Gillan; Quebec—Miss E. Frances Upton; Saskatchewan—Miss Edith Amas.

Members resident in Ontario, together with the Ontario representative, held fourteen meetings in 1936-1937, as well as several sub-committee meetings, while the provincial representatives have been kept in touch through correspondence.

By November 15, 1937, five provinces had sent in suggestions for amendments.

The suggestions from the Provincial Associations indicate a marked diversity of opinion on the following points:

(a) the title of the Instrument through which Dominion Registration is to be obtained.
(b) the proposed provision for "Fellows".
(c) the annual fee.

There was on the other hand a general demand for changes in the proposed plan for representation on the Governing Board; for this reason it was thought by your Committee that a supporting statement on this point should be included in this report (see statement appended to report).

Your Committee is grateful to the Provincial Associations for their frank criticisms and suggestions for amendments and has endeavoured, as far as possible, to incorporate these suggestions in its revised report.

The Committee now begs to present its recommendations as follows:

1. The proposed plan.
2. The provisions of the charter.
3. First steps in organisation.
4. General recommendations.

A Proposed Plan for Dominion Registration of Nurses in Canada

In this plan an effort has been made to give the Provincial Associations an opportunity to decide as between the titles "Canadian College of Nurses" and "Canadian Council for Dominion Registration of Nurses"—short titles, "College" and "Council".

When this decision is made, the term which is discarded will disappear automatically from the entire plan, but the set-up will not be otherwise affected.

It is recommended:

I. That the Canadian Nurses Association initiate the establishment of a "Canadian College of Nurses" *or* the establishment of a "Canadian Council for Dominion Registration of Nurses."

II. That the affairs of the "College" or "Council" be administered by a Board which shall be constituted as follows:

(a) Two members appointed by the Governor-General in Council.
(b) Three members appointed by the Canadian Nurses Association.
(c) Two members appointed by each Provincial Association, one of whom shall be nominated for appointment by the Council of Nursing Education for

Canada of the Catholic Hospital Association.

(d) That in any province in which is employed a Director of Nursing Education, an Inspector of Nursing Schools or any official holding a similar position, the Provincial Association of Nurses may appoint this officer to the Board.

(e) That three members may be appointed by an organised group of nurses registered under "Dominion Registration".

(f) All members appointed to the Board shall be nurses and shall be registered in one of the Provinces of Canada, and after the organisation period shall be registered under Dominion Registration for Nurses.

III. That the Board of Management shall have the power to:

1. Pass Bylaws for the conduct of the business of the Board.

2. Adopt, amend, and repeal regulations for:

(a) Examination and registration of nurses:

(b) Setting of fees and method of collection:

(c) Suspension and expulsion of "Members" or "Registrants":

(d) Penalty for unauthorized use of title.

3. To develop research in Nursing.

IV. That if registration be under the "College" plan, the designation shall be "M.C.C.N." (Member Canadian College of Nurses), if under the "Council" plan, the designation shall be "R.N.C." (Registered Nurse Canada).

V. That a nurse who holds a diploma from a School of Nursing which is approved for provincial registration in Canada shall be deemed eligible for examination for Dominion Registration, provided she meets the following requirements:

(a) That she shall be eligible for admission, without condition, to the first year in the Faculty of Arts of any approved Canadian University.

(b) That she be not less than twenty-one years of age.

(c) That she has had the course in theory and clinical experience required by the regulations of the Board, these regulations to be in accord with the Curriculum for Schools of Nursing prepared by the Canadian Nurses Association.

VI. That in ordinary cases, the Board will accept the report of the provincial inspectors where an annual inspection of Schools obtains, but shall reserve the right to make independent inspection if deemed advisable.

VII. (a) For a period of four years following the coming into effect of the Regulations pursuant to the legislation for Dominion Registration of Nurses, any nurse who is a member of the Canadian Nurses Association shall be deemed eligible, without examination, for registration under "College" or under "Council" upon payment of the required fee. Following the expiration of the four year period, registration under the "College" or under the "Council" may be obtained by examination only.

(b) Any candidate who, after the coming into effect of the regulations pursuant to the legislation for Dominion Registration of Nurses, may have entered upon a course of training in a school for nurses approved in one of the Provinces in Canada, which does not meet the standard decided upon for Dominion Registration, shall be deemed eligible for Dominion Registration by examination, provided the candidate presents a diploma of graduation and otherwise meets the requirements of Clause V, (a) and (b) and upon payment of the required fee. This privilege will be discontinued at the end of five years following the coming into effect of regulations pursuant to legislation for Dominion Registration of Nurses.

VIII. That the registration fee be $20.00 for registration under the "waiver" (without examination) and that later the Board may decide upon an

examination fee to the amount considered necessary.

Provisions of the Charter for Dominion Registration of Nurses

Name:

"The Canadian College of Nurses" *or* "The Canadian Council for Dominion Registration of Nurses".

Objects:

1. To provide for Dominion Registration of Nurses in Canada.

2. To study and formulate plans for the improvement of nursing services in Canada.

Board of Management:

The affairs of the "College" *or* "Council" shall be administered by a Board constituted as follows:

(a) Two members appointed by the Governor-General in Council.
(b) Three members appointed by the Canadian Nurses Association.
(c) Two members appointed by each Provincial Association, one of whom shall be nominated for appointment by the Council of Nursing Education for Canada of the Catholic Hospital Association.
(d) In any province in which is employed a Director of Nursing Education, an Inspector of Nursing Schools or any official holding a similar position, the Provincial Association of Nurses may appoint this officer to the Board.
(e) Three members may be appointed by an organised group of nurses registered under Dominion Registration.
(f) All members appointed to the Board shall be nurses and shall be registered in one of the Provinces of Canada, and after the organisation period shall be registered under Dominion Registration for Nurses.

Powers:

The Board of Management shall have the power to:

1. Pass bylaws for the conduct of the business of the Board.

2. Adopt, amend and repeal regulations for:

(a) Examination and registration of nurses.
(b) Setting of fees and method of collection.
(c) Suspension and expulsion of "Members" or "Registrants".
(d) Penalty for unauthorized use of title.

3. To develop research in nursing.

Designation:

"M.C.C.N." (Member Canadian College of Nurses) *or* "R.N.C." (Registered Nurse Canada).

Petitioners:

Names of group authorized to apply for incorporation of the "College" or "Council".

First Steps to be Taken to put Into Effect Plan Decided Upon

1. That a loan of $5000.00 (five thousand dollars) be made by the Canadian Nurses Association for the organization purposes.

2. That a competent lawyer be engaged to draw up a charter and to negotiate the Bill.

3. That the Petitioners appointed for the charter form a provisional board.

4. That when the College of Nurses, or the Council for Dominion Registration for Nurses, is established, the provisional board shall proceed with the organization of the Board as outlined in the plan.

General Recommendations

1. That when the regulations for the conduct of the affairs of the "College" or "Council" are drawn up, such regulations shall be submitted to the Provincial Associations for approval before adoption.

2. That when these regulations are approved and adopted, the provisional board, before applying for a charter, re-

quest the Provincial Associations to find out to what extent Dominion Registration, under the regulations, could be accepted in lieu of provincial examinations.

3. That if the plan of the "College" be adopted, the organisation of the registered group is obvious; but if the plan of the "Council" be adopted some scheme for the organisation of the registered group should be considered.

Note:

This letter was sent to the lawyer following a telephone conversation when Mr. Corcoran was asked if he would undertake to give legal advice as requested by the resolution from the Executive Committee, Canadian Nurses Association.

Dear Mr. Corcoran:

Enclosed herewith you will please find:

(a) Copy of Constitution and Bylaws, Canadian Nurses Association.
(b) Digest of laws and regulations forming the registration of nurses in Canada.
(c) Copies of the Acts respecting the registration for nurses in each of the nine provinces.
(d) A letter from the Canadian Nurses Association stating the question in which legal advice is desired.
(e) The recommendations contained in the proposed plan for registration of nurses in Canada.

You already have the correspondence re incorporation between the Executive Secretary and myself, and the Companies Branch of the Department of State, Otatwa.

(Sgd.) E. MacP. Dickson,

Dear Miss Dickson:

Following the writer's conversation with you, I understand you desire an opinion as to the feasibility of the Canadian Nurses Association being incorporated for the purpose of setting up a council or college, or the Association itself establishing qualifications and giving registration to nurses which will be recognised in each Province.

I have had the privilege of examining the various acts and constitutions of the Provincial Nurses Associations and also the Acts setting up the Dominion Medical Council. We would point out at the outset that the problem is not a legal one, but rather one of expediency in obtaining your objective. From the legal standpoint it will be necessary to obtain enabling legislation by a Private Act of the Dominion Parliament, and it will also be necessary to have each Province amend their local Acts so as to recognize your registration within every Province and it is quite competent for the Dominion Parliament to pass enabling legislation setting out the right to establish standards, hold examinations, give registrations, etc., either by Canadian Nurses Association or by a Council to be set up for that purpose. The question is a practical one as to how best to secure co-operation of the members in passing such legislation.

We think that you can confidently expect to obtain such legislation for the following reasons:

1. The experience of the Dominion Medical Council is a precedent;
2. There are no practice Act or Acts involved as in Dominion Medical Council Legislation;
3. Registration will be purely voluntary and permissive;
4. The objects of the legislation are very desirable.

At the same time we are of the opinion that in drafting this legislation it will be necessary to take into consideration the practical viewpoint of the various Provinces, that is, without regard to the proportion of population or the number of nurses in the Province, each Province will desire a definite voice in the requirements set up for Dominion Registration, and each Province will also desire official representation on the body charged with the duty of establishing all standards conducting the examinations, etc.

We think, therefore, that in order to obtain the necessary Dominion legislation and to secure the Provincial concurrence in the same, it will be necessary to set up a body or council which will function separate from the Association and that it would be desir-

able to have the representation of such body (apart from ex officio members) designated by the Provincial Associations, rather than by the Canadian Nurses Association.

It might be well for your Committee to consider also the effect upon the general objects of the Canadian Nurses Association in the future if the same body which directs its activities also determines qualifications and determines registration.

We have also considered the question of incorporation of the Canadian Nurses Association. This could be procured by either Letters Patent or by the same legislation which would either set up a Dominion council or enable the Canadian Nurses Association to provide qualifications for Dominion Registration. It is, of course, always desirable when asking for legislation to make the request as simple as possible, and as your main objective is to obtain power to effect a Dominion registration of nurses, that should be made the central part of your application, and it would be desirable to refrain from adding additional requests, unless your Association determines that you desire to set up a council within your own organisation.

We note that your Association is composed of the various provincial Associations, all of which are incorporated bodies. The benefit of incorporation is, of course, the limitation of personal liability for any contracts or obligations entered into by the Association and perhaps the more effective control of funds belonging to the Association.

On the other hand your present free Association of Provincial Associations is probably more flexible and less likely to give rise to any feeling of encroachment upon the Provincial Associations.

To sum up, our opinion is:

1. That it would be more feasible to secure Dominion legislation setting up a Council separate from the Association;

2. In the making of this application it will be preferable that the Canadian Nurses Association should sponsor and promote the legislation rather than that they should request legislation for themselves directly;

3. The question of incorporation of Canadian Nurses Association should be considered from the viewpoint of limiting the liabilities of its constituent members.

(Sgd.) J. G. Corcoran.
June 2, 1937.

Method of Nominating Representatives

Statement re suggested change in the method of nominating the representatives of the Provincial Associations of Nurses to the Governing Body of the College of Nurses or the Council of Dominion Registration for Nurses.

From several of the Provincial Associations of Nurses, the suggestion that there should be some definite plan by which the Schools of Nursing in connection with hospitals operating under the Roman Catholic Orders, should have adequate representation on the Governing Board, led to a definite study being made by this Committee to secure information concerning these Schools of Nursing.

Attached to this statement will be found a tabulated report of the information compiled. It is interesting to note that in the Schools of Nursing operating under the control of the Roman Catholic Orders, we find that these Schools number 40.2% of the total Schools of Nursing in Canada, and that they have enrolled as students 40% of the total student enrolment in Canada. In addition to these hospitals in which the Schools of Nursing are maintained, we find 43.2% of the total hospital beds in the Dominion. ,

In an effort to meet the suggestions received and also as a result of the findings of the above study, this Committee recommends that in each province one representative to the Governing Board will be nominated for appointment by the Council of Nursing Education for Canada of the Catholic Hospital Asso-

ciation. This Association is recommended, at it is organised nationally, and is the representative group in relation to all matters relating to nursing education in the Schools of Nursing under the control of the Roman Catholic Orders.

It will be noted that in the amended plan, the clause relating to the members appointed by the Governor-General in Council was also amended. This clause originally read: "Two members appointed by the Governor-General in Council. It is recommended that one of these appointees be Protestant and one Roman Catholic."

This last clause was amended, deleting the last sentence, so that the question of the religion of these two appointees is not definitely stated. This change is suggested with the unanimous approval of this Committee.

This Committee is of the opinion that the representation suggested in this statement is a fair proportion of all interested and of all engaged in nursing education in the nine provinces of Canada.

SUMMARY OF SCHOOLS OF NURSING IN CANADA

(Information taken from the Dominion Bureau of Statistics, Institutional Statistics Branch for year ending Decembr 31, 1935.)

Schools Under Management of Roman Catholic Orders

Province	Total Number of Schools	Number of Schools	Number of Students	Total Bed Capacity of Hospitals
Alberta	10	4	244	632
British Columbia	9	3	221	669
Manitoba	16	4	289	849
New Brunswick	13	4	95	369
Nova Scotia	15	4	129	470
Ontario	63	19	951	3202
Prince Edward Island	3	1	19	69
Quebec	30	24	1104	5718
Saskatchewan	10	5	257	727
Totals	169	68	3309	12,705

Schools Under Non-Sectarian Management

Province	Total Number of Schools	Number of Schools	Number of Students	Total Bed Capacity of Hospitals
Alberta	10	6	415	1271
British Columbia	9	6	462	1855
Manitoba	16	12	450	1479
New Brunswick	13	9	284	996
Nova Scotia	15	11	265	984
Ontario	63	44	2217	6958
Quebec	30	6	518	1859
Prince Edward Island	3	2	39	160
Saskatchewan	10	5	329	1168
Totals	169	101	4979	16,730

Total Schools of Nursing in Canada	169	
Administered by non-sectarian management	101	or 59.7%
Administered by Roman Catholic Religious Orders	68	or 40.2%
Total number of student nurses	8,288	
In schools administered by non-sectarian management	4,979	or 60 %
In schools administered by Roman Catholic Religious Orders	3,309	or 40 %
Total number of hospital beds	29,435	
In hospitals administered by non-sectarian management	16,730	or 56.8%
In hospitals administered by Roman Catholic Religious Orders	12,705	or 43.2%

Respectfully submitted on behalf of the Committee,

E. MacP. Dickson,
Convener

The Reverend Mother Mailloux

On December 27, 1937, the Reverend Mother M. Elodie Mailloux passed away peacefully at the Mother House of the Grey Nuns of Montreal, where for several years she has carried the arduous duties of Bursar. Mother Mailloux was born at St. Jean d'Iberville, in Quebec province, on February 8, 1865, and entered into religious life at an early age. Since her graduation as a nurse from Hôpital Notre-Dame, Montreal, on June 12, 1899, Mother Mailloux has contributed very largely to nursing education in the Province of Quebec, her chief contribution being the organization of plans for the admission of lay students into the school at Hôpital Notre-Dame thus founding the first school in Canada for French-speaking lay nurses.

Mother Mailloux has occupied the position of Instructor, Directress of Nurses and Superior at Hôpital Notre-Dame, in addition to which she further served the Grey Nuns in the capacity of Superieure Provinciale and Econome Générale. Always considering the welfare of all, and not simply of a few, Mother Mailloux also assisted in the formation of the Association of Registered Nurses of the Province of Quebec, carrying office on the Board of Management in the earlier days, and later on the Advisory Board where her wise counsel and understanding heart were much appreciated.

In recognition of her valuable contribution to nursing education and service, the Reverend Mother Mailloux, prior to her regretted death, was recommended by the Board of Management of the Association of Registered Nurses of the Province of Quebec for the Mary Agnes Snively medal, which is awarded, for merit, by the Canadian Nurses Association.

Notes From the National Office

Contributed by JEAN S. WILSON,
Executive Secretary, The Canadian Nurses Association

Community Nursing Service Bureaux

At the General Meeting of the Canadian Nurses Association in 1936, two resolutions were passed which read:

1. That a committee of the Canadian Nurses Association be appointed to discuss with the Victorian Order of Nurses for Canada the question of the establishment of community nursing service bureaux: this committee to report back to the Executive Committee of the Canadian Nurses Association.

2. That the Executive Committee be authorized to draw upon the resources of the Canadian Nurses Association to the extent of four thousand dollars each year for the next two-year period for the development of any experiment or experiments in the re-organisation of community nursing registries or bureaux which may be authorized by the Executive Committee following the report of the special committee appointed to consider this question.

The President, Miss Ruby M. Simpson, was appointed to convene a committee as proposed in resolution number one. In December 1936, the appointment of the following members was announced to the Executive Committee: Miss Mabel F. Gray, Vancouver; Miss Annie F. Lawrie, Regina; Miss Jean I. Gunn and Miss Edna L. Moore, Toronto; Miss Gertrude M. Bennett, Ottawa and Miss Margaret Murdoch, Saint John. Later, Miss Jean L. Church, Ottawa, and Miss K. W. Ellis, Regina, were added.

At the June, 1937, meeting of the Executive Committee, when the Community Nursing Service Bureaux Committee presented its report, it was decided that the Committee should be continued and in order that each Provincial Association should be represented the following members were added to it: Miss Margaret S. Fraser, Edmonton; Miss Gertrude M. Hall, Winnipeg; Miss Ellen Reed, Halifax; Miss B. Tweedy, Charlottetown and Miss E. Frances Upton, Montreal.

In March 1937, the Convener reported that a questionnaire had been sent to the members of the Committee in order to secure opinions which might form a basis for approach to the Victorian Order of Nurses for Canada with reference to the experiment or experiments in community nursing service bureaux. A summary of the replies received was sent to the members.

The convener then made a request for the co-operation and assistance of the Victorian Order of Nurses to the Board of Governors through the Chief Superintendent, Miss Elizabeth L. Smellie. The request, which was referred to the Advisory Nursing Committee of the Victorian Order of Nurses, received sympathetic consideration and the convener was advised that the Order was desirous of cooperating but that the policy under which the experiments would function must necessarily be clearly defined before a decision could be made. It was suggested that a subcommittee of representatives from both organisations be formed to discuss such policy. Members of the Canadian

Nurses Association named to the sub-committee were: Miss Jean I. Gunn and Miss Edna L. Moore, Toronto; Miss Gertrude M. Bennett and Miss Jean L. Church, Ottawa. In order that these members could confer together, the Executive Committee of the Canadian Nurses Association assured the necessary travelling expenses for meetings.

In May, 1937, a conference was held in Ottawa between representatives of the Advisory Nursing Committee of the Victorian Order of Nurses for Canada and the sub-committee appointed by the Association, when the following general principles were agreed upon:

1. Although at least two experiments would be preferred, such might not be possible as the amount voted by the Canadian Nurses Association, $4000.00 a year for two years, might not be sufficient to justify the two. It was felt that it would be preferable to concentrate on one experiment at first and not endanger the undertaking in the beginning. Later, if it seemed wise, a second experiment could be considered.

2. The Association should ask the Order to make such an experiment under certain conditions.

3. A joint advisory committee on community nursing service bureaux of the Canadian Nurses Association and the Victorian Order of Nurses for Canada should be appointed to inaugurate and to develop the experiment, or experiments.

4. It should be understood and emphasized that before any experiment in organising a community nursing service bureau be made in any locality, *the members of the organised nursing profession in that locality must be willing to endorse and to support any such experiment.*

5. Naturally, the experiment would be undertaken by a local branch of the Victorian Order of Nurses, either a branch now operating or one to be organized for this definite purpose.

6. The local administration of the experimental bureau would include representatives from the organized nursing profession, these representatives to be appointed in a manner decided upon later by the joint advisory committee.

7. The place or places where the experiment or experiments will be made to be decided by the Victorian Order of Nurses for Canada and the joint advisory committee.

8. It is to be understood that the Canadian Nurses Association cannot provide more than a total of $8000.00 over a two-year period, and that any financing beyond that amount will have to be met by the Victorian Order of Nurses.

9. Also, it is understood that in making the experiment, the Victorian Order of Nurses for Canada will have full charge, subject to the advice of the joint advisory committee.

It was felt that if these general principles could be approved, they would form a basis on which the joint advisory committee could undertake the study of the establishment of some experiment in community nursing service bureaux.

Approval of the proposed outline of policy was given by both the Victorian Order of Nurses for Canada and the Executive Committee of the Canadian Nurses Association and each organisation proceeded to appoint its representatives to the Joint Advisory Committee. The Victorian Order of Nurses appointed: Mrs. R. L. Blackburn, Mrs. R. W. Reford, The Honourable Cairine Wilson, Miss Elsie Watt, Miss E. L. Smellie, Miss G. M. Bennett, Miss Marion Lindeburg, Miss M. L. Moag, Dr. J. Fenton Argue, Dr. A. Grant Fleming, Colonel C. W. G. Gibson, Dr. J. T. Phair, Mr. D'Arcy McGee, chairman and treasurer, Finance Committee, with power to add regional Victorian Order representatives should necessity arise. The Canadian Nurses Association appointed: Miss R. M. Simpson, Miss K. W. Ellis, Miss J. I. Gunn, Miss E. L. Moore, Miss E. Cryderman, Miss J. L. Church, Miss E. M. Beith, Miss E. Hickey, Miss M.

B. Millman and Miss C. E. Brewster. Additional members will be appointed, if considered necessary, when the experiment is under way.

A report of the first meeting of the Joint Advisory Committee was presented at the December meeting of the Executive Committee of the Canadian Nurses Association. Officers appointed are: Chairman, Mrs. R. W. Reford; first vice-chairman, Miss E. L. Smellie; second vice-chairman, Miss E. L. Moore; secretary, Miss J. I. Gunn.

Each Provincial Association of Registered Nurses had been given an opportunity to recommend to the Committee the organizing of an experimental bureau in their province. Two associations only submitted recommendations: the Registered Nurses Association of Ontario proposed the city of London as a possible place; the Saskatchewan Registered Nurses Association suggested Moose Jaw. Each proposal was accompanied by information concerning the locality suggested.

The Committee had secured information concerning nursing service bureaux from the Joint Committee on Community Nursing Service Bureaux of the American Nurses Association, the National League of Nursing Education, and the National Organization of Public Health Nursing, and from similar bureaux in Detroit, Michigan, and Montreal, Quebec.

In the opinion of the Advisory Committee funds should not be expended on any experiment unless there is a reasonable expectation of the bureau being supported locally after the experimental period. Since the information on file was not adequate for a definite decision to be made, especially when expenditure of funds is involved, it was decided that a very careful study should be made in London and Moose Jaw.

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Miss C. V. Barrett, R.N.
Supervisor,
ROYAL VICTORIA MONTREAL MATERNITY HOSPITAL
Montreal, Canada

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For further particulars apply to:

Director Of Nursing
Children's Memorial Hospital
Montreal.

To accomplish such surveys the Committee asked the Victorian Order of Nurses for Canada to loan a supervisor to make a survey of these cities in relation to the establishment of a community nursing service bureau, the cost of these surveys to be met from the fund voted by the Canadian Nurses Association for the experiment. The Committee also notified the Registered Nurses Association of Ontario and the Saskatchewan Registered Nurses Association of the plan of the proposed survey and asked for the co-operation and active interest of these organisations. The Victorian Order of Nurses has appointed a member of its National Office Staff, Miss Beatrice Creasy, to make these surveys which are now under way.

While it is recognized that the detail of any experiment must be left to the Joint Advisory Committee, it is desirable to emphasize that the members of the organized nursing profession in the locality selected in which to inaugurate the experiment must be willing to endorse and to support it. Such local endorsation and support will be of paramount importance to the successful development of a community nursing service bureau which it is hoped will demonstrate a more satisfactory nursing service to the community and more reliable continuous employment to registered nurses.

Nightingale Memorial Fund

Further contributions to the Florence Nightingale Memorial Fund have been received as follows:

Quebec

Student Government Association The Montreal General Hospital School of Nursing	$35.00

Saskatchewan

Student Nurses, Regina General Hospital	15.00
Regina Registered Nurses Association	40.00
Student Nurses Association, City Hospital, Saskatoon	5.00

Obituary

FREW—The death occurred, in Toronto, on November 6, 1937, of Helen Cowper Frew, daughter of the late Archibald Frew and of Mrs. Frew, of Guelph. Miss Frew was a graduate of the School of Nursing of the Hospital for Sick Children, Toronto.

GILBERT—The death occurred recently, in Calgary, of Mrs. W. R. Gilbert. For many years Mrs. Gilbert was an active member and an honoured officer of the Canadian Red Cross Society. Prior to her marriage, Mrs. Gilbert graduated from the School of Nursing of the Montreal General Hospital.

PETCH—The death occurred in Montreal on December 11, 1937, of Mrs. W. M. Petch, (Eleanor Little). Prior to her marriage, Miss Little was a valued member of the nursing staff of the Children's Hospital of Winnipeg, resigning her position in order to serve as a Nursing Sister overseas during the War. She was a very active and interested member of the Montreal Unit of the Overseas Nursing Sisters Association and for several years was a member of its Executive. Mrs. Petch was the first secretary of the "All Canada" Association and will be greatly missed by her associates, by whom her passing is deeply regretted.

NEWS NOTES

BRITISH COLUMBIA

NANAIMO: The graduate nurses of Nanaimo and district have recently organized to form the Nanaimo Graduate Nurses Association. Two well attended meetings have been held and preliminary business completed. At the first meeting, Miss Joyce Leslie, of Nelson, who was prominent in forming the Nelson Association, and who is now taking the Public Health Course at the University of British Columbia, was present and gave valuable information and assistance. The Association is looking forward to having a very useful and educational organization in the district.

VANCOUVER: Miss L. Small, supervisor of the Government's public health nursing service in New Zealand, recently visited Vancouver, thus concluding a study tour of public health operations in Great Britain, France and Canada. While in the city she addressed the nurses of the Metropolitan Health Committee, and described public health work as she observed it during her tour. She also spoke of the work being carried on in New Zealand.

VANCOUVER: Miss Grace Wright and Miss Innes Brown have left Vancouver to take charge of a new outpost hospital, opened by the British Columbia Provincial Division of the Canadian Red Cross Society, at McBride, B. C. Miss Wright will be the matron of the hospital, which is the third of its kind to be opened in the Province by the Red Cross, another having been opened previously at Kyuquot, of which Miss Rebecca McPhee and Miss Marion C. Rodd left, a few weeks ago, to take charge.

Married: Recently, Miss Margaret Brake (Vancouver General Hospital) to Mr. W. Hunt Turpin.

MANITOBA

BRANDON: At a recent meeting of the Brandon Graduate Nurses Association, Miss Macleod reported that the Registry was busy; that twelve dollars had been donated to the Citizen's Welfare League and that Miss E. Roulette had been appointed representative on the Welfare Committee. Mrs. Johnson introduced the guest speaker, Miss Houston of Ninette, who spoke on the treatment of tuberculosis. Following her address, pictures were shown illustrating the spread and development of the disease. A social hour concluded the evening.

NEW BRUNSWICK

SAINT JOHN: The Alumnae Association of the Saint John General Hospital has

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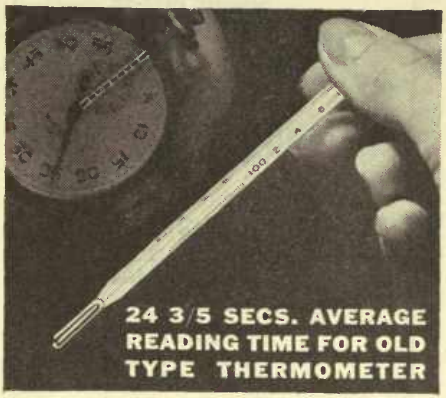

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THE CANADIAN NURSE

1411 Crescent St., Montreal

P.Q.

elected the following officers for the coming year: Honorary president, Miss E. J. Mitchell; president, Mrs. F. M. McKelvey; first vice-president, Mrs. H. Steele; second vice-president, Miss B. Howe; secretary, Miss M. L. Crossman, Saint John General Hospital; treasurer, Miss R. A. Wilson. The executive committee includes Miss M. Murdoch, Mrs. George Brown, Miss J. Hemphill, Mrs. G. L. Dunlop and Mrs. J. E. Beyea.

NOVA SCOTIA

HALIFAX: Orthopedic clinics were held recently at the following points in Nova Scotia: Truro, Colchester County Hospital; Amherst, Highland View Hospital; Sydney, City of Sydney Hospital; Glace Bay, St. Joseph's Hospital and the General Hospital; Sydney Mines, Harbor View Hospital, Kentville, Baptist Church Vestry (the hospital is now under construction); Yarmouth, Yarmouth Hospital. These clinics were held under the joint auspices of Junior Red Cross, the Rotary Club and the Shriners. The superintendents of all the hospitals kindly arranged clinic rooms. An orthopedic specialist from Halifax was in charge assisted by Miss Elizabeth Browne, the director of Junior Red Cross, local public health nurses, school nurses, Victorian Order nurses, and members of the hospital staff and, in several clinics, by members of local organizations. The Rotary Clubs in Sydney, Glace Bay, Amherst, Kentville, Truro and Yarmouth arranged for transportation. Over two hundred patients were examined, of whom over eighty were new. Clinics under Junior Red Cross are financed from the Crippled Children's Fund which is made up of donations earned and saved by school children. Little children requiring treatment are also financed from this fund and by other service organizations.

HALIFAX: Victoria General Hospital: Miss Georgia Byers (V. G. H., 1937) has been appointed to the staff of the Victorian Order of Nurses, Halifax branch.

HALIFAX: Halifax Infirmary: The students Dramatic Club presented their first play "Have you had your operation?" for the entertainment of the Alumnae Association, and by request will repeat it in the near future. A Tombola recently held by Alumnae Association came up to, and beyond, our expectations.

Saint Elizabeth's Guild recently met at the Infirmary for a social evening. After an entertainment presented by the Student's Dramatic Club, the members of the Guild held a short business session.

Miss Marie Gallant (Saint Joseph's Hospital, Glace Bay) has completed a post-graduate course in obstetrics at the Halifax Infirmary.

Plans for an Alumnae reunion are being considered, and letters will be sent to all graduates of the Infirmary. Any change of address should be sent to the superintendent of nurses immediately.

ONTARIO

District 1

Sarnia: Several of the members of the Alumnae Association of the Sarnia General Hospital chartered a bus to attend the refresher course on poliomyelitis which was held recently in London. The Association also recently sponsored a well-attended pay-to-play bridge party.

Districts 2 and 3

Guelph: At the annual meeting of the Alumnae Association of the Guelph General Hospital, the following members were appointed to the Executive: Honorary president, Miss S. A. Campbell; president, Miss Lillian Ferguson; first vice-president, Miss Nora Kenny; second vice-president, Miss Margaret Dent; secretary, Miss Lorraine Sinclair; treasurer, Miss Marion Wood. The committee conveners include: programme, Miss C. Cleghorn, Miss A. Fennel and Miss A. Dyer; refreshment, Mrs. J. Steel, Mrs. C. S. Hamilton and Mrs. H. Zeigler; flower, Miss Clara Zeigler. The reporter to *The Canadian Nurse* is Miss Ariel Smith. Encouraging reports were presented, the past year having been a very successful one. Generous donations were made to the Canadian Red Cross, The Victorian Order of Nurses, the Traveller's Aid, and the Nurses Loan Fund maintained by the Association.

Plans are being made for the celebration of the Fiftieth Anniversary of the Training School to be held in June of this year. The secretary is seeking the addresses of all past graduates and a grand re-union is expected in honour of the jubilee.

Owen Sound: At a recent meeting of the Alumnae Association of the Owen Sound General and Marine Hospital the following officers were elected for the coming year: Honorary president, Miss R. M. Beamish and Miss Webster; president, Miss M. Sehl; first vice-president, Miss R. Ellis; second vice-president, Mrs. C. W. Johnston; secretary-treasurer, Miss V. Sinclair, 658 2nd Avenue West; assistant secretary and reporter to the press and *The Canadian Nurse*, Miss A. Cameron. The committee conveners include: programme, Miss G. Brown and Miss V. Reid; refreshment, Mrs. McMillan and Miss J. Agnew;

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Miss I. Biggar has returned to her position in the Strong Memorial Hospital.

Married: Recently, Miss M. Burnstead to Mr. Samuel McKim.

District 4

ST. CATHARINES: The Public Health Group of District 4, R. N. A. O., of the Niagara Peninsula report two meetings: one in St. Catharines when the speakers were Miss Bernice Lonsley, industrial nurse, Alliance Paper Co., Merriton, and Miss Margaret Mable, school nurse in Thorold. Both nurses read reports on the course in orthopedic nursing given recently at the School of Nursing, University of Toronto. The second meeting took the form of a delightful dinner, held at the home of Miss McFarlane, St. Catharines. In spite of the bad roads, guests were present from Niagara Falls, Welland and Beamsville.

HAMILTON: The Alumnae Association of the Hamilton General Hospital has elected the following officers for the coming year: Honorary president, Miss C. E. Brewster; president, Miss E. Bingeman; first vice-president, Miss E. Bell; second vice-president, Miss M. Watt; recording secretary, Miss I. Mayall; corresponding secretary, Miss C. G. Inrig; treasurer, Miss N. Coles; secretary-treasurer, Mutual Benefit Association, Miss G. Coulthart; committee conveners: executive, Miss M. Bain; programme, Miss B. Aiken; flower and visiting, Mrs. Hess; budget, Miss H. Aitken.

District 7

BROCKVILLE: The annual meeting of District 7, Registered Nurses Association of Ontario, was held in the Comstock Memorial residence at the Brockville General Hospital, with Miss M. F. Bliss, superintendent of the Smiths Falls Public Hospital, officiating as chairman. Mr. K. W. Rode, president of the board of governors of the Brockville General Hospital and Mr. W. G. Osmond, superintendent, extended a cordial welcome. Dr. H. E. Preston, representing the Brockville Medical Association, and in his capacity as councillor of District 7 of the Ontario Medical Association, addressed the delegates. Dr. Preston reviewed the major points and recommendations resulting from the Survey of the nursing profession conducted a few years ago and stressed the importance of united organization to meet the requirements of the rapid development in medical science.

The minutes of the Fall meeting of District 7, held at the Hôtel Dieu Hospital, Kingston, were read by the secretary-treasurer, Miss G. E. Gibson of Brockville, who also presented the financial report. Plans for the annual meeting of the Registered Nurses Association of Ontario to be held in April, at Kingston, were discussed. The president, Miss Bliss, gave a very inspiring address in which she urged the members to carry on, despite war clouds and other difficulties which arise from time to time. She stressed the need of courage and concluded by saying: "Let the motto of the nurses of District 7 during 1938 be *courage!*" The report of the membership committee showed that the objective membership of 300 for the District had been reached and that national enrolment of nurses for service in war and other disasters had increased.

Miss Louise Acton, of Kingston, presented the report of the nominating committee. The election of officers resulted as follows: President, Miss M. F. Bliss, Smiths Falls; first vice-president, Miss Ann Baillie, of Kingston; second vice-president, Miss Marion Crawford, of Kingston; secretary-treasurer, Miss Dorothy Bluhm, Victorian Order Nurse, Smiths Falls. The councillors include Miss O. M. Wilson, Kingston; Miss Vera Manders, Perth; Miss Grace Gore, Smiths Falls; Miss Logan, Brockville; Miss Jean Guest, Kingston; Miss O. McDermott, Kingston.

A delightful luncheon was served at the Hotel Manitonna and the afternoon session was resumed at the Nurses' Residence with 70 members in attendance. The guest speaker was Miss Ruth McConnell, B. A., psychologist at the Ontario Hospital, Brockville, who reviewed the work of the mental hygiene clinics and referred particularly to child psychology by giving concrete examples of the benefits derived from this important branch of service. The delegates were guests of the Brockville General Hospital Alumnae Association at the tea hour during which Miss Susie Sheridan rendered piano solos. Miss Margaret Phillips, a student in the intermediate year at the School of Nursing of the Brockville General Hospital, contributed vocal selections.

BROCKVILLE: The Alumnae Association of the Brockville General Hospital recently held its annual meeting when the following officers were elected for the coming year: Honorary president, Miss Edith Moffat; president, Mrs. Mae White; vice-president, Miss Maude Arnold; secretary, Miss Helen Corbett, 127 Pearl Street, E.; assistant secretary, Mrs. Earle Finlay; treasurer, Mrs.

(*Continued on page* 112)

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Associations of Graduate Nurses

Overseas Nursing Sisters Association of Canada

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BRITISH COLUMBIA

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Brandon Graduate Nurses Association

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ONTARIO

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QUEBEC

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SASKATCHEWAN

Moose Jaw Graduate Nurses Association

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Alumnae Associations

ALBERTA

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A.A., Ottawa General Hospital, Ottawa

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H. Vandersen; representative to *The Canadian Nurse*, Miss M. Gardiner, 141 Pearl Street, W. After the business meeting Miss Catherine Lemon, Victorian Order nurse for Brockville, gave a very interesting talk about her trip to Europe and particularly to the International Congress of Nurses. On December 6, the Association sponsored an enjoyable dance and bridge which was quite successful.

QUEBEC

MONTREAL: The Homeopathic Hospital: Miss M. Sleeth and Miss B. Rutherford have left for Nassau where they will spend several months.

Married: Recently, Miss Beryl Holliday to Mr. Charles Palaisy.

Married: Recently, Miss Marion Whyte to Mr. George Kliker.

QUEBEC: Jeffery Hale's Hospital: The marriage took place on December 23, 1937, of Miss C. E. Armour, lady superintendent of Jeffery Hale's Hospital, to Mr. A. W. G. Macalister.

On the afternoon of New Year's Day, Mrs. A. Macalister and the nursing staff were at home in the Nurses' Residence of the Hospital to graduate nurses residing or visiting in the city. Mrs. Morewood, of the Western Hospital, Montreal, and Mrs. Lewis, of the Royal Victoria Hospital, Montreal, presided at the tea table, Mrs. S. Barrow, of the Montreal General Hospital, Montreal, cut the ices.

Miss A. E. Richardson, (J. H. H., 1924), has resigned from her position at the Joyce Memorial Hospital, Shawinigan Falls.

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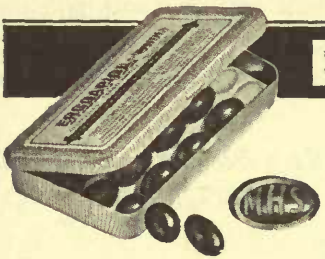

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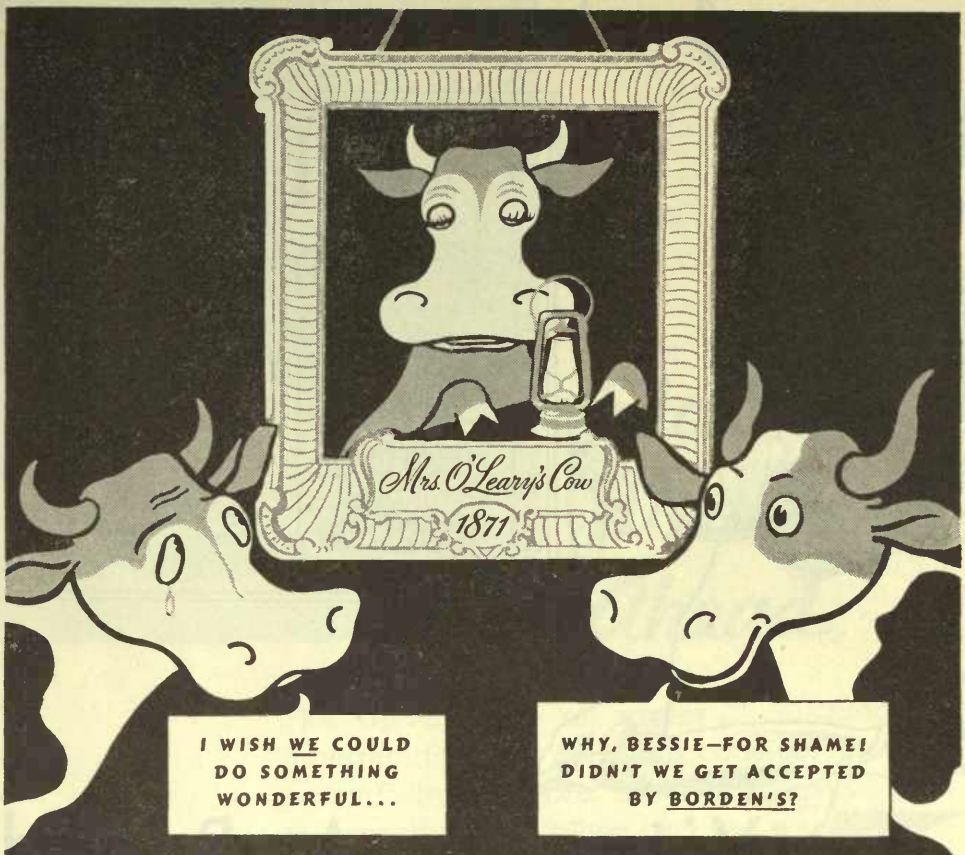

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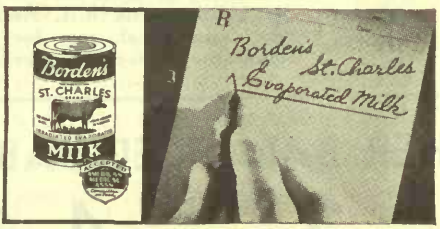

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March, 1938

Down by the Sea

A. Edith Fenton

Superintendent, Dalhousie University Public Health Clinic

Nurses who will attend the Biennial Meeting of the Canadian Nurses Association which is to be held in Halifax from July 4 to 9 inclusive, may be planning to wander farther afield to see more of the historic province of Nova Scotia or to laze away a real holiday by the sea. For those with a leaning toward history, especially with a medical flavour, some details of the early days of Annapolis Royal and of Louisbourg may be of interest.

Annapolis Royal, formerly Port Royal, founded in 1605, is situated on the Annapolis River in the rich apple-growing country of Annapolis in the south-western peninsula of Nova Scotia. On one side, this section is bordered by Kings County, with the Land of Evangeline centered in Grand Pré, the red cliffs and sands of the Minas Basin, amethyst-studded Blomidon, the beautiful Cornwallis Valley, Acadia University of Wolfville, and the busy and pretty valley town of Kentville, with the Cornwallis Inn, one of the most delightful hotels in all Canada. Bordering on Annapolis to the west, is the far-famed Digby County and the lovely Annapolis Basin. Its shores are washed by the high tides of Fundy, its coves and meadows, its sandy beaches and rocky headlands, its meadows and flowers and sunshine, though with cool nights and soft sea breezes, all combining to produce an ideal vacation land. Look at the map — distances are not great in Nova Scotia. A motor, starting from Halifax will be in Windsor in slightly more than an hour, Kentville in two hours, Annapolis Royal in three and a half hours, and Digby in another thirty or forty minutes. The ride is sheer delight all the way.

Old Port Royal, now Annapolis Royal, is the oldest town in Canada. It was here that Samuel de Champlain, one of the founders of the town, instituted in 1606, his famous "Order of the Good Time", the first Social Club in

America, into which Lord Tweedsmuir was recently inducted. Of the town's historic interest and its beauty much could be said, and, by way of medical flavour we quote from Nutting and Dock's "History of Nursing", where in a section dealing with early Canadian hospitals, we find that St. Jean de Dieu was founded in 1629, or shortly after, at Port Royal in Acadia, now Annapolis. If this be so, this small hospital has priority among the hospitals of America, save for one in Mexico. Apparently this was a feudal or seigniorial hospital rather than a general hospital in a fuller sense. The actual date of origin seems to be in doubt for there is but little evidence to support 1629 as its date of founding. It does however seem to have a clear title to being the first hospital in Nova Scotia, antedating the King's hospital at Louisbourg by at least a quarter of a century.

Louisbourg is on the Island of Cape Breton, which, across the Straits of Canso, forms the north-eastern section of the Province of Nova Scotia. Perhaps those who named it New Scotland did so because this lovely island reminded them so poignantly of old Scotland. Here the MacDonalds and the MacTavishes and the MacAskills and the MacNeils live in the valleys, the Gaelic is freely used on the lips of young and old, and the music of the pipes can be heard resounding through the hills. Here may be found the inland salt lakes, called Bras D'Or or Arm of Gold; the hilltop where Alexander Graham Bell lies buried; Baddeck, from whence the first flight of a heavier-than-air machine was made; the Cabot Trail around the rugged Northern Coast; that famous salmon stream, the Margaree; the coal-mining activities which, at Glace Bay, extend three miles out under the sea; the fishing villages and Acadian settlements.

The old town of Louisbourg had but a brief span of life. But those forty years must have been full to the brim of the dreams of old France for its establishment as a great French fortress in the new world. In a recent article in the *Nova Scotia Medical Bulletin* entitled "Hôpital du Roy, Louisbourg", Dr. W. W. Patton, a practising physician in Cape Breton, thus quotes William Wood:

> The fortress of Louisbourg arose not from victory but from defeat; not from military strength but from naval weakness; not from a new adventurous spirit of attack but from a half-despairing hope of keeping one last foothold by the sea. It was not begun till the fortunes of Louis XIV had reached their lowest ebb at the Treaty of Utrecht, in 1713. It lived a precarious life of only forty years from 1720 to 1760 and nothing but bare ruins were left to mark its grave when it finally passed unheeded and unnamed into the vast dominions of the conquering British at the Peace of Paris in 1763.

For a century and a half the ruins of this proud fortress lay buried and forgotten. A few years ago the Canadian Government began the work of restoration and today a museum houses the plans, records and relics already brought to light. Excavations go steadily on, and the visitor may now see the foundations of many of the old buildings, sections of old walls and earthworks, the lay-out of the streets and other interesting landmarks. A few yards away, the waves break on the sands of this lonely North Atlantic coast.

But to go back to the early seventeen hundreds. The King's Hospital (Hôpital du Roy) at Louisbourg was part of the general scheme of town planning, centrally located and one of the biggest buildings in the town, occupying a whole city block. It was quite a pretentious structure of masonry, two stories high, and 265 feet long, the central portion

Officers quarters, Fort Anne, Annapolis Royal

surmounted by a spire which reached a height of forty feet. There were four main wards, with accommodation for 100 beds, besides several private wards. The hospital was founded and professionally administered by the Brothers of Charity of St. Jean de Dieu, who filled the offices of Superior, surgeon, dispenser, nurse and chaplain, although official management was apparently entrusted to officers of the government. The plans of the hospital, the originals of which are preserved in the National Library at Paris, show each long ward lighted by only six small windows with nothing to indicate how the wards were heated, although several chimneys are shown above the wards and ten fireplaces were provided in the administration part of the buildings.

Letters and documents, now in the Canadian Archives, throw light on the establishment and conduct of this hospital which was to take care of civilians as well as soldiers. The following is an extract from a letter addressed to M. M. de Castebelle et Saubras:

April 22, 1716. The Consel has decided to send three brothers of Charity in order to begin a hospital at Isle Royale and necessary funds will be furnished for their support. Those of the inhabitants who are fishermen, whether they sail in vessels or fish in boats from the shore, will pay 10 pounds of cod for the daily support of poor inhabitants who are ill in the hospital. In regard to sick soldiers, the flour which would have been furnished them, will be given to the hospital with the rest of their pay, and the poor inhabitants, and those beyond the ability of nourishing themselves, will be received there free. This establishment will be very useful to Isle Royale, and the Counsel will send you a copy of the patent letters which will be granted to these Brothers, in order that you may conform to them.

The support of those who conduct the hospital being assured and the patients who will be in position to do it, paying them, it will not be necessary that there be rights established at Isle Royale for this hospital,

and that there will not be raised anything on the ship's boats in any way, which conduct fishing nor on those who conduct taverns. He is willing also to grant to all the inhabitants the liberty to sell wine and brandy, but he wishes at the same time that you hold a firm hand in preventing disorder as much as you can and that you will render him an account of serious offences. You will also attend to binding the tavern-keepers not to keep open during divine worship or at undue hours and the consel commands you to observe a strict watch in this respect.

Here are a few excerpts from the "Bylaws for the Louisbourg Hospital":

In order to succeed more easily and surely, the surgeon-major and the manager will each have a book in which they will keep as an exact inventory of the names of the patients and the day of their entry, of the time they will remain until the day of their departure. The Directors will sign this inventory at the end of each month. The manager will keep a similar account of the receipts and daily expenses which will likewise be obliged to be checked monthly by the Directors, as much for his protection as for the security of the goods of the hospital. No one will be received except on my orders or those of one of the directors. The inventories will be given to the surgeon-major who will present them again each month when he will endorse the list of his patients. Into the hands of the manager the goods and provisions of the hospital will be placed as well as the furniture and utensils. He will take an inventory of it, and be on the watch for its keeping, he will take care that they are neither spoiled or wasted, and if he will prove himself careless in a point so essential he will forfeit the reward justly due his carefulness. It (the reward) will be given him from the funds of the hospital and more or less considerable according to the satisfaction that I shall have of his management and the furnishing of fish.

Since it is only proper for the Manager to provide for the daily needs, it is also he alone who will deliver to the hospital what is necessary to give each patient day by day. It will be on the orders of the Surgeon that he will make his distribution and to the places that the food and supplies will be delivered by the store-keeper, which will be drawn from the stores of the King. They will follow in the daily distribution, the rule and customs that have been established in all the Royal hospitals and they will conform to it as much as the conveniences of the place will permit. The rations will consist of:

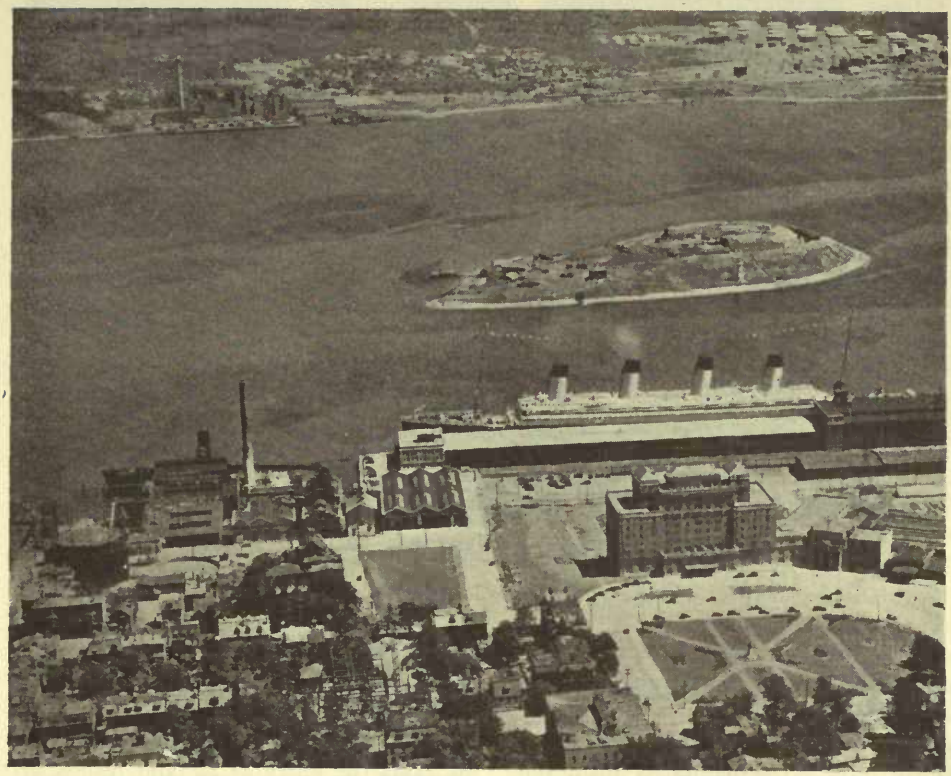
A pound and a half of fresh bread.
Three quarts of wine.
A half pound of fresh meat.
A quarter-pound of lard.
A quarter-pound of prunes and an ounce of sugar.
Two ounces of rice and an ounce of butter.
A fowl per week.

The possible value of female nurses is noted:

Think that if the hospital was attended by the Grey Nuns it would cost less to the King, and the patients would be better fed and cleaner. There would be a Surgeon-Major under whom there would be a surgeon and apprentices, who could be sent to the harbours after they would be instructed; those attending the fishermen now are absolutely without knowledge. If this proposition is approved a statement of expenses will be sent next year showing in detail the hospital expenses including the fees to the Nuns, and to those who attend the hospital. This will be balanced with the present expense.

But on the other hand the soldiers presented difficulties at times and one can sympathize with the hospital management in the many problems that must have confronted them. On April 10, 1756, M. Prévost writes thus to his Minister:

I shall not even hide from you that the Brothers of Charity often, themselves refuse to receive those who are sent to the hospital without just cause, or in order to get them out of prison. I suspect also that the Captains of these troops, who fear that the



The Nova Scotian Hotel, Halifax. Headquarters of the Biennial Meeting of the Canadian Nurses Association.

rations of such meat incommode the men whom they regard as their own particularly, send them to the hospital from time to time in order to refresh them exclusively by fresh meat. It matters little to them to engage the King in this expense; they maltreat the Monks if they refuse to admit a soldier who does not appear ill to them, and this results in a much greater evil in that these rascals consume of the refreshments, which cannot be too well taken care of in the present circumstances for the truly sick.

But the end draws near. It is said to have taken three years to obliterate the fortress and with it the hospital of which there was none better on the continent at the time. On June 7, 1758, M. Prévost again writes to his Minister:

A cannon ball fell on the hospital on the night of the sixth instant and two *religieux* were seriously injured. The surgeon lost his life. Arrangements were being made for the treatment of the officers.

On June 20, 1758, M. Kerdisieu reports thus to the minister:

As soon as the enemies were master in the place the Marquis Desgouttes was asked permission to transform some of the vessels in hospitals to place the sick soldiers. The permission was granted and the vessels *"L'Apollon"*, *"La Chevre"* and *"La Ville de Saint Malo"* were used for this purpose. Nothing was spared to give the sick persons every commodities. The number is not increasing fortunately, as all our medicaments and utensils were burned in the hospitals to which we have lighted the fire as soon as the enemy got on the land. P. S. *Wolfe treated the sick with great care.*

The quotations and information given above have been secured largely from

Dr. Patton's article in the *Nova Scotia Medical Bulletin*, to which reference has already been made, and from an earlier one published in *The Canadian Medical Association Journal* and written by the late Dr. W. H. Hattie, for all of which acknowledgment is hereby made.

Come to Cape Breton! If you have a car you will find no lovelier or more interesting spot in which to go gypsying. If not quite so fortunate, you still may be comfortably and easily accommodated by rail, road, or water-ways and return home feeling that it was good to have attended the Biennial Meeting of the Canadian Nurses Association, and to have visited Nova Scotia in the summer of 1938.

Whooping Cough

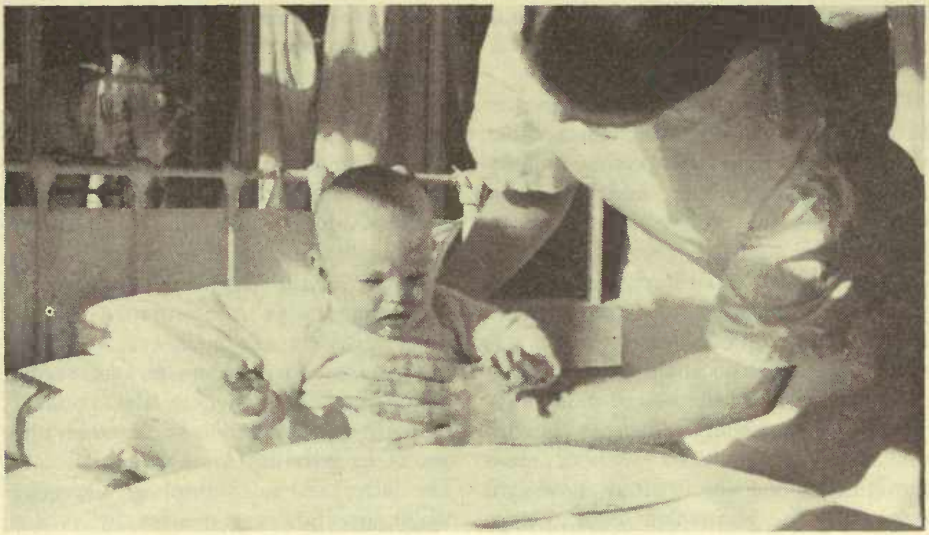
R. Cameron Stewart, M.D.

Montreal, P. Q.

Whooping cough, less aptly termed pertussis, is one of the commonest ills of infancy and childhood and by no means rare among older people. Few ultimately escape infection. Fortunately the resulting immunity usually proves lasting, although occasionally in older people directly exposed, second attacks, may occur. More prevalent in winter and spring, the disease may strike at any season, frequently in the form of community epidemics. It is very infectious, through discharges from the nose and throat, spread widely by the forceful cough.

The Bordet-Gengou bacillus of pertussis can be demonstrated on the ciliated epithelium of the larynx and trachea and in the naso-pharyngeal secretions of patients, but it is now doubtful whether this is the only causative factor involved. Many observers think that a virus is also present and that the disease results from the associated action of these two agents. Pathological findings are not distinctive, being mostly a mere superficial inflammation of the larnyx, trachea and bronchi, and the mechanism producing the characteristic spasmodic cough and typical whoop is not well understood. A series of explosive coughs prevents the entry of air and results in a temporary asphyxia, suddenly relieved by a deep inhalation, and it is probably this inrush of air through the narrowed glottis over the contracted vocal cords which causes the high-pitched typical whoop. Vomiting, another fairly constant feature, is partly reflex and partly due to the tenacious mucus which collects on the inflamed mucous membranes. Allergy, the reaction of the body cells to foreign proteins formed in the course of the disease, may be a factor in whooping cough, as in so many other communicable diseases.

The incubation period is short, usually about eight days, and the onset is generally ill-defined. At first the symptoms suggest an ordinary cold, or a bronchitis of moderate severity, with some cough and often more or less fever. Unless the patient has been exposed to whooping cough, the diagnosis



Infant supported in bed during paroxysm

may not even be suspected in this early catarrhal period, which gradually merges into the characteristic spasmodic stage when the disease can be recognized clinically. The cough, instead of improving as in ordinary infections, tends rather to increase in frequency and intensity, especially at night, and to became spasmodic in type and perhaps associated with occasional vomiting and finally a whoop. This is usually about the third week after the onset. The spasmodic stage is most dangerous and troublesome to the patient and trying to the family. Repeated paroxyms of coughing, loss of breath, whooping and vomiting often leave the child exhausted, sweating and sometimes apparently dazed.

That the patient suffers much discomfort during the spasm is only too evident from the anxious congested facies, the tendency to clutch at surrounding objects for support, and the obvious relief when the attack is over. In infants the associated asphyxia may be severe enough to bring on a convulsion or necessitate artificial respiration, so that constant watchfulness is required. Paroxysms vary greatly in number, from one or two to as many as fifty in a day, and also in duration and intensity in different cases. Sleep is disturbed by their frequency at night. Lack of fresh air makes them worse. The taking of food often brings on an attack. Uncontrollable vomiting, which so frequently follows the cough, interferes seriously with nutrition, and in infants may lead to a definite marasmus.

In two or three weeks the coughing attacks tend to become milder, with longer intervals between, vomiting and whooping less severe and a general improvement may be noted. This marks the stage of decline, and recovery is only a matter of time in uncomplicated cases, which usually have a total duration of six to eight weeks. Infectivity is thought to end by about the sixth week, so that this is the period of quarantine usually recognized. Any fresh respiratory infection over a period of many months may be followed by a return of

paroxysmal cough, vomiting and whoop, but these recrudescences are not believed to be contagious.

Diagnosis usually rests on the presence of one or more of the characteristic features — spasmodic paroxysmal cough, partial asphyxia, whoop and vomiting — increasing in severity and worse at night, and is supported by a history of recent contact. If laboratory facilities are available, demonstration of the bacilli in secretions coughed out may enable an earlier diagnosis to be made. The material is collected by the cough-plate method, the patient being induced to cough into a flat dish coated with a medium. The blood count often shows an increase in the eosinophile cells. Cases vary so much in severity and duration that many are missed and others remain doubtful. Some run a very mild course from the onset, with almost negligible cough, little or no vomiting, and never a whoop. This natural variability of the disease, besides confusing the diagnosis, makes difficult the evaluation of specific and other forms of treatment.

Complications are most likely to occur during the spasmodic stage. Some are of minor importance, others of the most serious significance and the cause of nearly all the fatalities. Bronchitis is present in all severe cases of whooping cough and this not infrequently goes on to a bronchopneumonia, by far the gravest of the commoner complications. Its onset is usually marked by a rise in temperature and an increase in the respirations. Other signs may be difficult to elicit, but an X-ray of the chest will show characteristic shadows. It may occur at any age, although mostly to be feared in the very young. The death rate is still high, but rather better than it used to be. Adequate nursing care and the use of oxygen are important aids to recovery. Bronchiectasis is sometimes a later sequel of pertussis, the suggestive signs of persistent cough and a more or less purulent sputum coming on perhaps months after the attack, and leading to prolonged ill-health.

The differentiation from chronic bronchitis, pulmonary tuberculosis and lung abscess is usually difficult and requires special X-Ray and other tests. The extreme strain imposed by the paroxysms is shown by the frequency of localized hemorrhages, due to the rupture of small blood vessels, in the nose, eye, and elsewhere. These are seldom serious, except in the rare cases where the accident occurs in the circulation of the brain and results in paralysis and/or convulsions. The latter, not uncommon in whooping cough, are however nearly always due to less serious causes, such as a transient asphyxia. Albuminuria may follow temporary circulatory disturbance in the kidney. Inguinal or umbilical hernia, or rectal prolapse, occasionally results from a severe paroxysm. A little ulcer under the tongue, supposed to be due to friction against the teeth, may interfere with feeding in a baby and is sometimes of value in supporting a diagnosis. Latent tuberculosis may be activated by whooping cough, as by other acute infections.

Treatment can do little either to mitigate the severity of the disease or to shorten its course, but efficient nursing can do much to conserve the patient's strength and nutrition and lessen the danger in complications. Fresh air, sunshine, and adequate food, nourishing, and easily digested, are of the greatest importance. Re-feeding after vomiting should not be neglected. As vitamin C is apparently deficient in some cases, citrus fruits and tomato juice should be abundant in the diet. Rest in bed during the acute stage while fever is present or the symptoms are severe must be stressed. Oxygen, preferably used in a tent, is of value in uncomplicated cases

and vitally important in broncho-pneumonia. Inhalations, as of tincture benzoin compound, in steam, sometimes afford relief, and the same is true of ether, 5 to 10 minims given in a drachm of olive oil by rectum. Little should be expected of other drugs. Sedatives, if used at all, should not be given continuously. Vaccines are uncertain in action and in the opinion of many are of little if any use in treatment. Freshly prepared and given in large doses, they may perhaps have some prophylactic effect, but as the immunity possibly induced takes some time to develop, they presumably have little protective value if given after exposure. Applications of X-ray to the upper chest have been tried, some think with mitigating effect. All cases of whooping cough should be isolated for at least six weeks from onset, and presumably susceptible contacts for ten days after exposure.

An attack of whooping cough is an ordeal for the patient and also for his family. The coughing, whooping and vomiting, recurring all too frequently, are disturbing and messy episodes to everyone within sight or hearing. The unavoidably long period of quarantine involves much loss of time for school children and for adults employed outside the home. Lacking any means of prophylaxis easily applied and of proved efficiency, control of epidemics is a difficult problem for the public health authorities and those in charge of children's institutions. Medical treatment is tedious, often expensive, and usually not particularly satisfactory. The well-being of the patient rests largely with the nurse.

Nursing Care in Whooping Cough

KATHERINE MACLENNAN

Assistant to the Superintendent of Nurses, and Instructor, Alexandra Hospital, Montreal

Because relatively few patients suffering from whooping cough are admitted to hospitals, nurses do not get an opportunity to observe and care for them. Nevertheless, as Dr. Stewart points out, nursing care is almost as important a factor in recovery as medical treatment and certainly helps to avoid complications and sequelae. During the last few years an effort has been made in isolation hospitals to build up an appropriate nursing technique which may be carried out either in the hospital or in the home. A summary of the principal procedures has been prepared in the hope that it may serve to illustrate the situations described by Dr. Stewart and to indicate the response which the nurse should make to them.

Patients admitted to hospital usually come from poor homes and are nearly always undernourished. Frequently, they have had whooping cough for some time before admission and therefore have a

Infant supported in nurse's arms.

low resistance and are very susceptible to a second disease. Another group of patients for whom admission is sought includes those suffering from severe complications. In other words, the hospitalized child is usually acutely ill. On the other hand, children who are kept at home may not be sick enough to be kept in bed. Yet every case requires intelligent management along the lines indicated below:

Ventilation: ample ventilation should be assured because hot, close rooms, especially at night, aggravate the paroxysms. In the home this point should be well emphasized because some parents do not have the windows open because they fear pneumonia. The child should be kept out in the fresh air as much as possible each day but not allowed to play with other children.

Posture: patients, (and especially infants) will be greatly relieved if appropriate posture is maintained. They should be placed in Fowler's position and supported with pillows. As soon as a paroxysm starts the nurse should be at the bedside so as to allay fear and inspire confidence. Sometimes a slight change of position may give relief, or it may be necessary for the nurse to support the patient throughout the attack. Moistened gauze is used to remove mucus from the mouth and occasionally it may be necessary to employ suction apparatus and this should be kept in readiness at all times. Cyanosis may be extreme and suffocation may ensue if the tenacious mucus is not promptly expelled. Considerable effort accompanies every paroxysm and may cause hernia as a result of muscular strain. Adhesive plaster may be placed over the umbilicus, or a firm binder applied, as a preventive measure.

Feeding: in some cases the feeding of the patient requires a long time and both patience and ingenuity are necessary on the part of the nurse. Frequent small meals are of greater value than a few heavy ones. Too large a serving is apt to discourage the patient. The food should be simple and easily digested. Soft solids may be allowed as soon as the temperature is normal. Not too much liquid should be given with meals but plenty between. The feeding of infants should be most carefully carried out. They should be fed slowly and moved as little as possible afterwards. If vomiting occurs they should be re-fed within twenty minutes and extra feedings should be in readiness in case they are needed. The progress of the patient toward recovery can be traced by means of the daily weight chart which should be carefully and accurately kept.

Psychological factors: those related to food and feeding are of great importance. No attempt should be made to feed a child who is crying or upset. He

must first be comforted and reassured. Sometimes the mere sight of food may provoke a paroxysm and it will be necessary to divert the child's attention while he is being fed. Over-excitement of any kind should be avoided as it tends to provoke a paroxysm. The imitative instinct is strong in children and they will sometimes cough because they hear others doing so or in an attempt to attract attention to themselves. This tendency can sometimes be checked by rewarding the child for not coughing. Parents must be encouraged to be patient but firm with their children and their co-operation can usually be counted upon as soon as they learn what to do and how to do it.

LOANS FOR ONTARIO NURSES

Eight years ago, members of the Registered Nurses Association of Ontario pledged themselves to the raising of the nucleus of a fund from which loans could be granted to graduate nurses of the Province needing assistance to enable them to undertake post-graduate work. Throughout the years this has been known as "The Permanent Education Fund."

It was an arduous task through depression years, this raising of district quotas, but it has finally been achieved by individual and group effort, and the fund stands now at the service of Ontario nurses. As a matter of fact, loans from this fund have been available since January 1937, but to date the number of applicants has been disappointingly few. Let one recipient of a loan proffer her own testimony of appreciation:

> When that great stumbling block, lack of funds, confronts the nurse who feels the need of post graduate training, may she never feel discouraged as long as that most valuable aid, The Permanent Education Fund of the R.N.A.O. is available.
>
> As one who has benefited by the use of the Permanent Education Fund of the Registered Nurses' Association of Ontario, may I say that its value cannot be overstated. It made possible for me a most interesting course of post-graduate study, followed by my appointment to a permanent position which is proving not only remunerative but very satisfying.

These are the facts concerning the availability of loans: *Four loans of approximately* $250.00 *or less each will be granted during the present year. Loans are free of interest for three years. Loans may be used for any postgraduate work that would appear to further the usefulness of the applicant. All loans are confidential. The one necessary requirement is that the applicant shall have been a member of the Registered Nurses Association of Ontario prior to January* 1*st*, 1936.

With emphasis being increasingly laid upon suitable post-graduate work as requisite for advancement in the profession, it would seem reasonable to expect that nurses throughout the Province would turn naturally for assistance to the Permanent Education Fund which was collected over a period of years for this express purpose. Application forms for these loans may be obtained from: Miss Matilda E. Fitzgerald, secretary-treasurer, Registered Nurses Association of Ontario, 3 Willcocks Street, Toronto.

Unprofessional Conduct

E. F. Baker

Superintendent, St. Andrew's Hospital, Midland, Ont.

I often wonder if the standard of nursing is as high as it was twenty-five years ago. Undoubtedly the nurse of this generation possesses a greater knowledge of medicine and surgery, and of the art of caring for the sick and infirm. She has greater opportunity for study and closer co-operation with the physician. Convenient appliances lighten the drudgery of a quarter of a century ago *but,* is the nurse of today as self-sacrificing or as loyal to her profession? Does she look upon the patient as her sacred charge, or is she more concerned as to what hours she shall have off or how soon the day will be over? Does she lightly and with frivolity disregard the regulations of her profession, the rules of the hospital and her obligations to her own training school?

Florence Nightingale herself advocated the training of "health teachers". Not only should nurses be vitally interested in the care of the sick but we should also be actively engaged in the prevention of illness. How can we expect to succeed if we ourselves do not maintain that high standard of perfection, which is necessary in those who aim, by precept and example, to lead others to the fulness of enjoyment obtained only by right living?

What would be the reaction of a patient under your care, if some morning, you approached the bedside with a tired look and said: "I feel terrible this morning, I was out at a party last night and drank and smoked more than was good for me". Do you suppose the patient would still think of you as a ministering angel of mercy if you were unable to give your best because of your personal conduct? Yet it is done repeatedly, perhaps not obviously, but, in fact none the less.

It is stimulating to know that the provision of good nursing is solely dependent upon the properly qualified nurse, and that in this service she is "one of the most significant figures in our modern civilization, typifying the combination of science and service, which are the twin motives of its activity". Does our Nightingale Pledge mean as much to us as does the Hippocratic oath to the physician, or the ordination vows to the ordained minister? Surely it does! Is it then becoming for one of our profession, who has signed this pledge, to be seen smoking, or attending night clubs and beer parlours? There is something radically wrong when the rules of a school are flagrantly broken with impunity and nothing is done to prevent a recurrence of such incidents. If present conditions continue, where will it all end? Will the nursing standard sink to the level at which Florence Nightingale found it not so many years ago? We need another such as she, to purge our profession of undesirables.

The larger institutions are the worst offenders. Smaller training schools are almost forced to close their doors to pupil nurses because many mothers fear to have their daughters affiliate with student nurses in city hospitals owing to the great temptations with which they are surrounded. Nursing is too high a profession to be wantonly lowered by personal examples of unethical practices. Let us not break faith with those under our care, who look to us for loving care and comfort and who have a high opinion of our worth.

Adventures in Nursing

Miss Jean E. Browne, who is the convener of the Exchange of Nurses Committee of the Canadian Nurses Association, has kindly sent the *Journal* this vivid account written by Miss Adelina V. Fowler, of a visit to a Nursing Outpost in Alberta. Miss Fowler holds a position as school nurse in London, Ontario, and by a special arrangement made through the Exchange Committee, is spending some months in Edmonton, Alberta, in a similar capacity.

At the annual meeting of the Alberta Association of Registered Nurses a very interesting address was given on district nursing in Australia, by a Provincial District Nurse in Alberta who had been on leave for several months, spending part of her time with the Bush Nurses, as the Outpost Nurses are called in Australia. I asked if it could be arranged for me to spend a few days at her cottage, and observe her work and was delighted when she invited me to spend Christmas with her. My enthusiasm was not dampened by tales of extreme cold and lack of conveniences, so off I started on my rather uncomfortable journey. The means of transportation was by mixed train and mail truck and after travelling from early morning I arrived at the nurse's cottage late in the afternoon, part of the time having been taken up by delivering mail.

Nestled in a valley, surrounded by trees, the nurse's cottage, made of lumber and painted green and white, looked very friendly. These cottages, as well as furniture and fuel, are provided by the Government. The nurse looks after her cottage, gets her own meals, and is her own stoker. This cottage consisted of a combination living-room, kitchen and dining room, a separate bedroom, a surgery, and a wood shed. My hostess was away when I arrived, but the door was open so I went in and made myself acquainted with the cat. I had not long to wait before my friend came in, and having warmed ourselves with a good supper, we sat around the stove and settled most of the world's problems. Midnight arrived all too soon, so with a warm flat-iron I wended my way to bed.

Christmas morning was ushered in by the banging of stove-doors and the crackling of wood. Inquiring why this early rising (for it seemed like the middle of the night), I was informed it was five in the morning, but that the climate was a little arctic and a good fire might make the house feel better. The stove had a nasty habit of smoking, and had to be coaxed at times. My eyes seemed to be continually in a veil of tears, although once the stove was heated it worked like a charm.

We had been invited to a neighbour's home, three miles away, for dinner. It was a lovely walk over hilly country, and in the distance could be heard the jingling of sleigh-bells. We were about to turn in at the gate when the sleigh caught up to us, and our first patient came along—a man with a badly cut lip. Our hope of a good Christmas dinner took wings, but we went into our hospitable neighbour's home to warm our patient up a bit before driving him back to the nurse's cottage. It required two stitches to close the wound. Accidents never come singly, so we were not surprised when another knock came on the cottage door, and two more patients arrived. One had a badly frozen ear, and the other a toothache. A good supply of medications is always kept on hand, and patients are carefully attended to before being sent on their way.

While in the country everyone seems to want to go for a sleigh-ride and I did not have to wait long for mine. A homesteader knocked on the nurse's door to take us for an eight-mile drive to a maternity case. After one has been accustomed to riding in a heated automobile, a springless bobsleigh seat is not very comfortable, especially when the sleigh is inclined to slip off the road. Arriving at the farmhouse, we found that it consisted of one room, partitioned off. The bedroom side was quickly made into a maternity ward, while on the kitchen and living-room side, supper was prepared.

Acting as a "float" between the two places, I kept the fire going under the tub of snow, (one source of the winter water supply) and made butter from milk poured into a quart sealer. Events followed very fast and before long I was holding in my arms a lovely baby boy.

After the care of the mother and the baby had been completed, we started on our homeward journey. The tired horses had to be changed for fresh ones at the nearest neighbours and we had been so busy that we had not time to notice the weather. A snowstorm had started, and a very cold wind, so I cannot say that I enjoyed the drive home. It was even a little chilly when we arrived there and made one move quickly to start a fire. The kettle soon boiled, and coffee was made to warm the driver before he started home, having covered thirty-two miles that day.

The next morning my visit was at an end and I left for the city, travelling this time by truck. When one thinks of all the inconveniences and hardships these nurses have to contend with, one can not help but admire them for the wonderful work they do. In so many cases they are doctor, as well as nurse and friendly adviser, to everyone who crosses their threshold.

NEW INCENTIVES IN SASKATCHEWAN

KATHLEEN W. ELLIS

Registrar, Saskatchewan Registered Nurses Association

On January 19, 27, and 28 refresher courses were held in Saskatoon and Regina, Saskatchewan, under the auspices of the Nursing Education Committee of the Saskatchewan Registered Nurses Association. Members of the local nurses' Association, physicians and others assisted generously with both programme and entertainment. Not only did the hospitals provide the places for meetings and extend generous hospitality, but the activity and support of the members of the hospital staffs largely determined the success of the refresher courses. Over one hundred and fifty nurses participated. *Some* of them took part in discussion, others looked as if they would like to.

Even a hasty review of the programme shows the variety and breadth of the subjects included. Some of the newer treatments and use of drugs, with special studies in diabetes, poliomyelitis, venereal diseases, tuberculosis and psychiatric nursing were presented. Modern trends in nursing, including the development of registries, social service and school work were discussed. An hour was given to the arrangement and care of flowers, during which nurses learned much that they should and should not do. Those who attended the morning session at the Saskatoon City Hospital received a souvenir of recent developments, in the form of a photographic reproduction of the "iron lung".

Saskatoon nurses were fortunate in having Miss Elizabeth Smellie, C. B. E., chief superintendent of the Victorian Order of Nurses for Canada, as their guest at the banquet, when she addressed a large audience, including students nurses from both hospitals, on the work of the Order. Highlights in the programme in Regina were addresses on "Citizenship" and "Personality", also "A trip to Alaska with a movie camera". The Sisters of the Regina Grey Nuns Hospital made a contribution of special interest by demonstrating the use of a film prepared in the hospital, as an aid in the teaching of aseptic technique.

The nurses of Saskatchewan are glad to welcome the return of their President, Miss Lawrie, and many expressed appreciation of her inspirational remarks with which the refresher course in Regina was opened.

Although of brief duration, such courses as these are stimulating both in preparation and effect. Busied about our own particular responsibilities and problems, without such incentives few of us would take time to study those of more general concern and interest, or the more recent developments. We are grateful to those who made this possible for us. This brief review suggests what nurses in Saskatchewan may look forward to when they meet together, as they will do in Moose Jaw on April 21 and 22, for the twenty-first annual convention of the Saskatchewan Registered Nurses Association.

THE EDITOR'S DESK

Halifax, July, 1938

In our leading article, Miss A. Edith Fenton, superintendent of the Dalhousie Public Health Clinic in Halifax, writes of the charm of Nova Scotia, dreaming by the sea. If, even when you are on a holiday, you *must* think about hospitals and sick people, why not go and visit what remains of the Hospital of the King? Take this *Journal* with you and read of the anxieties which harassed hospital people even in those days. Not enough money, scheming politicians — and yet, in spite of them, law, order, courage and cleanliness. Perhaps times have not changed so very much after all.

Unprofessional?

A brief article will be found in this issue entitled "Unprofessional conduct". It raises some questions which are troubling the minds of more than one superintendent of nurses today and cannot be too lightly dismissed. Is it true that the behaviour of some nurses when they are off duty is lacking in professional dignity? On the other hand are we justified in insisting that nurses shall live up to a stricter code than other young women? Expressions of opinion from our readers will be welcomed.

The Provinces

Thanks to the efficient assistance given the editor by the respective executive secretaries, the *Journal* presents full reports of the annual meetings of the Registered Nurses Associations recently held in Manitoba and Quebec. Wherever you find a Province where membership is growing, schools of nursing are doing a good job and lively meetings are being held, there you will find an executive secretary who is a live wire. We name (from east to west) three who have contributed to this particular issue: E. Frances Upton, Gertrude M. Hall, Kathleen W. Ellis. Several more will be added to the roll of honour in subsequent issues.

Reader's Guide

There are some diseases in which nursing care is admitted to be a major factor in recovery. Pneumonia, typhoid fever and brain injuries for example. All these make heavy demands on our knowledge and skill. This month, however, we discuss something much less spectacular — whooping cough. Dr. R. Cameron Stewart and Miss Katherine MacLennan tell us a great deal, in a simple and practical manner, about a troublesome illness which makes the life of many children utterly wretched over so long a period. Note the closing sentence of Dr. Stewart's article: *The well-being of the patient rests largely with the nurse.* Δ Canadian nurses continue to cross the high seas to South Africa. The Exchange of Nurses Committee of the Canadian Nurses Association may well be proud of its record. The latest recruits are reported under the caption of "Off to South Africa".

New Bottles

We do not usually cry our own wares but we think the present nursing situation in England is worth careful study. There may be no exact parallel in Canada but there are some striking resemblances and contrasts.

Coming Events

R. N. A. O. Annual Meeting

The thirteenth annual meeting of the Registered Nurses Association of Ontario is to be held in Kingston on April 20, 21, and 22, 1938. Arrangements for the meeting have not as yet been definitely completed but it is hoped that an outline of the programme will be published in the April issue of *The Canadian Nurse*.

Saskatchewan Annual Meeting

The twenty-first annual meeting of the Saskatchewan Registered Nurses Association will be held in Moose Jaw, on April 21 and 22. An interesting programme is being planned further details of which will appear in the April issue of *The Canadian Nurse*.

Child Study

Through the generosity of one of the members of the Board of Governors of the Children's Memorial Hospital, Montreal, a series of lectures on child study is being arranged for the graduate nurses on the staff. This course will take place throughout the week beginning Monday, March 28 and will be given by Dr. W. E. Blatz, Director of the School for Child Study, University of Toronto. The series will consist of six lectures, one being given each evening from 8:30 to 9:30, followed by a half-hour discussion. The topics are as follows: (1) A philosophy and practice of discipline; (2) A study of the genesis of the emotions; (3) The development and understanding of personality; (4) Work and play in a child's life; (5) Routine training; (6) "Problems" and how to handle them.

These lectures are open to all who are interested in children. A fee of $2.00 covers the entire series, or admission to a single lecture can be obtained for fifty cents. Notice of intention to attend, together with the fee, should be sent to The Children's Memorial Hospital not later than March 8.

Manitoba Summer School

Miss Edith McDowell, president of the Manitoba Asociation of Registered Nurses, takes pleasure in announcing a Summer School session for graduate nurses, presented under the aegis of Manitoba University. This new venture of the Association has been made possible by the generous support and helpful advice of the University, through its president, Dr. Sidney E. Smith. Six weeks in residence at the University's attractive Summer School site, with the privilege of study and contact with other students at Summer School sessions in their social and recreational activities, will surely enrich the life of the graduate nurse and lead to her professional development. Among the officers of instruction will be Miss Marion Lindeburgh, B.Sc., Director of the McGill School for Graduate Nurses; Miss Elin Anderson, Director of the Family Bureau for Winnipeg; Dr. F. W. Jackson, Deputy Minister of Health for Manitoba; Miss Elizabeth Russell, Provincial Director of Public Health Nursing.

The fee for the entire group of courses will be $25.00; the fee, per single course, $5.00; board and room in the University Residence, per week, $6.50. Application for admission to be made to the University of Manitoba, Summer School Office, 203 Administration Building, Fort Garry Site, by May 1. Application for a reservation in the Residence should be made not later than June 1. For further information write to Miss Gertrude Hall, Executive Secretary, Manitoba Association of Registered Nurses.

New Wine in Old Bottles

ETHEL JOHNS

In nursing, as in other mundane affairs, there appear to be prolonged intervals of deceptive calm followed by a period of crisis, during which forces which have gradually been gaining strength, make themselves felt with dramatic suddenness. The present situation in Britain is a case in point. It is, of course, never safe to comment rashly upon events which are taking place on the other side of the Atlantic, but it does look as though certain trends which are plainly apparent in nursing affairs in England are worthy of careful examination in Canada.

One of the most striking features of the situation is the extraordinary publicity which is being given to nursing affairs in the daily newspapers. This ranges all the way from calm and judicial editorials in *The Times* to sensational outpourings in *The Daily Mirror*, the content of whose "human interest" articles need not be quoted at any great length. Its general nature is indicated by such headlines as: "A. J. Cronin exposes the worst job in the world"; "A dying woman cried: Don't leave me nurse"; "She had to be in by 10.30!" and so forth and so on. Yet, even when due allowance is made for journalistic over-statement, the bitter kernel of truth seems to lie at the core of statements made by nurses themselves. Some of these deal with petty and irritating restrictions, but others are concerned with more fundamental issues aptly summarized in the following recommendations, put forward by a layman, in the newspaper concerned:

1. A ninety-six-hour fortnight and better time-planning.

2. Improved pay and pension facilities.

3. Less brass-cleaning and floor-polishing. That is a job in itself—for wardmaids.

4. Less restriction of personal freedom—especially by embittered seniors who satisfy their jealousy and desire for power by inflicting the customs and fashions of their youth on this generation.

5. More real supervision for the junior nurse. The sort that makes her want to consult her seniors when she is puzzled, anxious or in trouble.

6. Graduated nurses should be encouraged to live out. Outside interests make them better-balanced nurses and better citizens.

7. Graduated nurses should be allowed to marry. I honestly doubt if the maternal—or nursing—instinct in women is ever complete until after marriage. Women who don't want to marry don't make the best nurses. If I were ill to-day, give me a real nurse, with sympathy and understanding and the instincts of a nurse! Keep your lightning-efficient nurses who hand the surgeon his instruments almost before he knows he wants them. She may be all right for the surgeon, but not for the patient.

8. A Nurses' Professional Union and Charter.

Legislative action, directed toward the reduction of the working day in hospitals, has already been brought forward in Parliament under the aegis of the Trades Union Council. The Bill however was defeated by 122 votes to 111. In commenting upon the defeat of the Bill, *The Nursing Times* says:

Those who spoke and voted against the Bill were influenced by two main considerations. In the first place they felt that the

measure was ill-timed and calculated to diminish the usefulness of the Government inquiry into nursing conditions, which had met for the first time the previous day; further, the fact that the Bill formulated a law to cover the municipal hospitals, but did not affect the voluntary hospitals, was considered a very undesirable factor.

The Government enquiry mentioned in the foregoing paragraph will be carried on by an Inter-Departmental Committee which has been appointed by the Minister of Health and the President of the Board of Education to inquire into the recruitment, training, registration and terms and conditions of service of nurses and to report whether any changes or other measures are expedient for the purpose of maintaining an adequate service both for institutional and for domiciliary nursing. The members of the Committee are:

The Earl of Athlone, chairman, President of the Queen's Institute of District Nursing.

Dr. Dorothy Brock, headmistress of the Mary Datchelor School.

Mr. Cemlyn-Jones, chairman of the Public Health and Housing Committees of the County Councils Association.

Miss Gertrude Cowlin, visitor for the Central Council of District Nursing in London.

Mr. Rhys Davies, Member of Parliament for the Westhoughton Division of Lancashire.

Mr. H. A. de Montmorency, Principal Assistant Secretary, Ministry of Health.

Sir Francis Fremantle, Member of Parliament for the St. Albans Division of Hertford.

Sir Arthur J. Hall, formerly Professor of Medicine in the University of Sheffield.

Mrs. Keynes, a member of the Public Assistance Committee of the Association of Municipal Corporation.

Miss Megan Lloyd George, Member of Parliament for Anglesey.

Mr. C. W. Maudslay, Principal Assistant Secretary, Board of Education.

Sir Frederick Menzies, county medical officer of health for the Administrative County of London.

Miss E. M. Musson, chairman of the General Nursing Council.

Mr. R. H. P. Orde, Hon. Secretary, British Hospitals Association.

Dr. Gilbert E. Orme, a medical practitioner in private practice, actively interested in nursing questions.

Professor Picken, formerly medical officer of health and school medical officer, Cardiff.

Miss D. M. Smith, Matron of the Middlesex Hospital.

Mr. H. S. Souttar, Surgeon on the staff of the London Hospital.

Dr. W. Rees Thomas, Medical Senior Commissioner, Board of Control.

Miss Wakeford, staff nurse at the Kingston and District Hospital of the Surrey County Council.

Mr. H. M. Walter, director of education, Middlesex County Council.

The report of this distinguished Committee will be eagerly awaited, not only in Britain but in every English-speaking country in the world. In commenting editorially upon the significance of this enquiry, *The Times* says in part:

Nurses, like doctors, depend to a great extent upon themselves and are guided by personal experience and by personal qualities of character and of craftsmanship. They must, therefore, retain a large measure of individual independence and can scarcely act collectively except through the medium of such an organization as a college composed of members who are steeped in the professional spirit. That conspicuous success has attended the efforts of the General Nursing Council is shown by the gradual emergence of order out of confusion, and by the fact that the number of nurses qualified has doubled in ten years.

This process of establishing a profession, with which nothing should be allowed to interfere, has already placed in the hands of nurses the means of securing better conditions of work, though it is recognized now that further reform is urgently neces-

sary. What is important is that reform should be demanded in the name of service and not by such arguments as to suggest that nurses are concerned only with their personal rights. . . . Nurses should always hold this strictly vocational aspect of their work in mind lest they lose something of the spirit which has won for them the affection and regard of their fellows. They should press their own claims as the claims of their patients, demanding adequate rest, payment, and relief in old age as the essential conditions of that *aequus animus* without which their office must always be lacking in efficiency. There should, however, be nothing unreasonably rigid in the enforcement of such conditions. It has been the policy of the College of Nursing to hold this ideal of stewardship firmly before the minds of its members and to bid the nurse realize that her highest claim is always her patients' well-being. . . . The choice of any other ground of attack, especially a political ground, would be calamitous, in so much that it would amount to a confession that nursing had ceased to base itself upon sacrifice and unselfishness.

In this article *The Times* makes it clear that nurses should under no circumstances permit the control of nursing service or education to pass into the hands of any political group, no matter what material benefits may ensue. This is sound advice, but those who direct nursing affairs will do well to study its implications. The new wine cannot be poured into old bottles.

It is, however, distinctly encouraging to find that the College of Nursing is alive to its responsibilities and is seeking a more excellent way. In a recent issue of *The Nursing Times* we find this statement under the caption of "Experimental School of Nursing":

The Council recommends that the College should inaugurate a nursing school attached to a recognized general hospital in affiliation with other hospitals. The school is to charge fees for probationers, but some scholarships will be available. The nurses will gain practical experience in the wards of the hospitals to which it is attached, but the hospitals will not be dependent on the students for all the routine nursing of the patients. Three to four months will be spent in a preliminary school; there will be a 48-hour week and the lecture programme will include instruction in the social and public health aspects of disease and its prevention. Throughout the course the candidate, while being trained, for admission to the General Register, will have health of body and mind and preventive medicine especially kept before her.

Those who are familiar with the School of Nursing of the University of Toronto will be struck with its resemblance to the proposed Experimental School in England. We in Canada are fortunate in already possessing a firmly established and ably directed independent school of nursing. In such a school carefully controlled experimentation can be carried on safely. New wine — yes — and new bottles!

Off to South Africa!

Miss Jean E. Browne, convener of the Exchange of Nurses Committee appointed by the Canadian Nurses Association, announces that by February 2, a total of eleven Canadian nurses had been accepted for positions in South Africa. The names of five of these nurses were published in the February issue of the *Journal* and six more may now be added. These include Miss Marion Sissons, a graduate of the School of Nursing of the Royal Alexandra Hospital, Edmonton, and recently superintendent of the Municipal Hospital, Provost, Alberta; Miss H. Jean Lynds, a graduate of the School of Nursing of the Calgary General Hospital, Calgary; Miss Jean M. Nichol, a graduate of the School of Nursing of the Toronto General Hospital and supervisor of the medical clinic of the Outpatients Department in that Hospital; Miss Lillian MacKenzie, a graduate of the School of Nursing of the Toronto General Hospital and supervisor of the medical division in that Hospital; Miss Pauline Brown and Miss Ruth Moore, both of whom are graduates of the School of Nursing of the Toronto General Hospital.

Out of the total of eleven nurses who, so far, have received appointments, five come from the Province of Alberta and six from the city of Toronto. The new hospital in Cape Town to which they will be assigned is called Groote Schuur, and was formally opened in February.

Museum Pieces

GRACE M. FAIRLEY

Chairman, Nightingale Memorial Committee, Canadian Nurses Association

It will be remembered that a most successful bazaar was held in London last summer, under the auspices of the British Red Cross Society, in aid of the Florence Nightingale Memorial Foundation. Many beautiful gifts were sent from Canada including several fine examples of American Indian native art. Word has now been received that the British Museum has accepted several of these articles and that they will be placed on exhibition in that great institution. Among them are a totem pole (about four feet high) carved in shale from the Queen Charlotte Islands, a split cedar root basket ornamented with wild cherry root, currency shell beads and stone arrowheads from Vancouver Island, and a beaded skin fire bag from Alberta. It is a source of great satisfaction to know that this collection of genuine old Indian articles has been duly appreciated and has found so historical a resting place. One wonders if the men who made them ever dreamed that the quality of their art and craft would one day be classed as "museum pieces" of unique interest.

DEPARTMENT OF Private Duty Nursing

A Challenge to Private Duty Nurses

Under the caption of *Notes from the National Office,* in the February issue of the *Journal* will be found a report by Miss Jean S. Wilson, executive secretary of the Canadian Nurses Association, concerning the steps which have been taken toward the establishment of an experimental Community Nursing Bureau under the joint auspices of the Canadian Nurses Association and the Victorian Order of Nurses for Canada. Carried to its logical conclusion, such an experiment might lead to a great extension of the field of private duty nursing. This highly desirable result can only come about, if and when private duty nurses make up their minds to cooperate to the fullest extent in projects which, like this one, can only succeed if they are undertaken in a spirit of mutual understanding and good will.

Equally important is the mental attitude which private duty nurses may adopt toward the changes and modifications in the present registry system which a carefully controlled experiment may show to be desirable. This attitude should be based on a thorough knowledge of what the project is, by whom it is directed, and what it aims to accomplish. A clear picture of the set-up is given in the report mentioned above. Turn to it and read it carefully; it is worth your attention.

When you have completed your analysis you will probably agree that the approach to the problem is eminently sane and sensible. From the outset, the following fundamental principles have been kept in mind:

Thoroughly representative nurses, including private duty nurses and experienced registrars, are members of the Community Nursing Service Bureaux Committee of the Canadian Nurses Association.

Unusually good contacts with the community at large are assured through the lay members of the Victorian Order of Nurses for Canada. These men and women, by virtue of their long and close association with the Order, have an excellent understanding of the need of skilled professional nursing care in the homes of the people.

The Victorian Order of Nurses is in a position to supply expert supervision if and when an experimental bureau is organized. No such project could succeed without it.

The Canadian Nurses Association has guaranteed the provision of a modest sum which will help to finance the experiment over a limited period.

The success of this initial experiment depends upon the suitability of the city or town in which it is to be carried on. As indicated in the report, careful surveys are now being made to determine the relative merits of several communities which offer certain possibilities.

Even when all these assets are taken into consideration, there remains an essential factor which only nurses themselves can supply. In the words of the Joint Advisory Committee on Community Nursing Bureaux it is this:

It should be understood and emphasized that before any experiment is organizing a community nursing bureau be made in any

locality, *the members of the organized nursing profession in that locality must be willing to endorse and to support any such experiment.*

That paragraph, in itself, constitutes a challenge to private duty nurses. What is *your* response to it?

OVERSEAS NURSING SISTERS ASSOCIATION

EDMONTOO UNIT: Six well attended meetings have taken place during the past year at the homes of various members. A donation was made to the Nightingale Memorial Fund and Christmas cheer provided for veterans and their families. The Unit had the pleasure of entertaining Miss Laura Hubley, President of the National Overseass Nursing Sisters Association, as well as other out-of-town members.

The Unit sincerely mourns the loss by death of a charter member ,Mrs. Chester Chinneck (Nell McRae) who is greatly missed by her associates.

MONTREAL: The annual meeting of the Montreal Unit of the Overseas Nurses Association of Canada was held recently with the vice-president, Mrs. Toller, presiding, owing to the resignation of the president, Mrs. Beattie, who has recently moved to Halifax. An interesting report was given by Mrs. S. Ramsey, representative to the Last Post Fund. Reports of the acting president, secretary and treasurer were also read. The Visiting Committee was reported on by Miss Watling. The following officers were elected for 1938: president, Mrs. J. A. Toller; vice-president, Miss C. M. Watling; secretary, Mrs. Eric B. Paice; treasurer, Miss C. Harrison. The executive committee includes: Mrs. S. Ramsey (Representative to Last Post Fund); Mrs. A. O. McMurtry (Convener, Visiting Committee); Miss A. St. Onge; Miss L. E. Connerty and Miss B. Forgey.

VICTORIA UNIT: The Overseas Nursing Sisters Unit recently entertained at dinner in honour of Miss Elizabeth Smellie, chief superintendent of the Victorian Order of Nurses and second vice-president of the Overseas Nursing Sisters Association of Canada. Mrs. Eric W. Hamber, wife of His Honour, the Lieutenant-Governor of British Columbia, graced the occasion with her presence. Twenty-six sisters were present and Miss A. Creasor, nurse-in-charge of the Local branch of the V. O. N., was also a guest. The president, Mrs. Robert A. C. Hogarth, delivered an address of welcome and Miss Robert McIntosh, accompanied by Miss Edna Middleton, delighted the assembly with two charming solos. Miss Smellie gave a most interesting address, bringing messages from Matrons and Sisters across Canada.

Mrs. Lea O'Leary was re-elected by acclamation as president of the Nursing Sisters branch of the Canadian Legion, at the annual meeting. Miss Alice Willams was chosen vice-president; Miss K. Ethel Gray, secretary-treasurer; Mrs. R. Hogarth, convener of social committee; Miss McBride, social service, and Miss Jean Kay, sick visiting committee.

Manitoba Annual Meeting

During the last week in January all roads seemed to lead to the twenty-fourth annual meeting of the Manitoba Association of Registered Nurses. This was, indeed, a gala event for our national President, Miss Ruby Simpson, was our guest speaker. A very gratifying registration gave proof of her popularity and the wisdom of our choice. As friend met friend and happy reminiscences were exchanged, a note of congeniality was struck which permeated the entire session. On the first evening Miss Simpson addressed a mass meeting of senior students, this being the first time that a national President has addressed such a large group of student nurses in Manitoba. Miss Simpson gave a most inspiring address on present day opportunities in nursing and on national and international organizations.

The general sessions commenced on Friday afternoon when the executive secretary presented her report for the year in which the following points were stressed: Six Schools of nursing have been surveyed. An increase in membership (amounting to 38%) has been attained through the combined efforts of the convener of the membership committee, Miss Phoebe Anderson, and the office of the M. A. R. N. A great deal of time has been given to the development of the Asociation and twelve talks on nursing organizations have been given to different groups during the year. The cash receipts showed an increase of $3001.57 for the year.

The report of the Directory Committee was given by the convener, Miss M. Wilkins and showed that the total number of calls during the year almost totaled that of 1929, which was the best year since the Directory was organized in 1921. This increase is probably due to the establishment of the eight-hour day.

Miss M. Baldwin, convener of the Visiting Committee, reported sixteen visits to sick members. Miss K. McLearn reported an active year for the Social Committee, programmes having been provided for four general meetings. Miss Lois Kelly, convener of the press committee, reported notification and reports made to the local papers concerning all meetings of the Association. Miss R. Dickie, convener of the finance committee, reported that nurses who had successfully written registration examinations are required to pay the membership fee and complete registration. In consequence the income of the Association has been considerably increased.

Reports from the Graduate Nurses Association of The Pas, Dauphin, and Brandon gave proof of keen interest on the part of the members. Progress was noted in each report. Red Cross enrolment was reported on by the convener, Miss N. O'Shaughnessy. The report of the representative to *The Canadian Nurse* was given by Miss P. Brownell. A special booth, inviting new subscribers, was presided over by the convener, Miss Brownell. Later in the afternoon Miss Simpson gave an excellent address on the inter-relationship of nursing organizations.

At the evening session, Dr. H. Medovy and Miss Anna Speers, nutritionist at the Children's Hospital, gave a well planned symposium on the treatment of diabetes in children, illustrated by slides showing the progress made by thirty cases at the Children's Hospital. Miss Speers illustrated the nutritional programme by colourful trays of the various types of diets which had been carefully weighed and measured. A skilfully executed demonstration of delivery set-up in a hospital and of post-partum care was given by Miss A. Taylor, supervisor of the obstetrical de-

partment, Winnipeg General Hospital, assisted by Miss Elder. An improvised incubator for premature babies was also demonstrated. This was made in the engineering department of the Winnipeg General Hospital at a cost of $22.00. Miss A. McKee, supervisor of the Victorian Order of Nurses, demonstrated delivery set-up and post-partum care in the home. These demonstrations elicited much applause.

On Saturday morning Dr. Deacon conducted an excellent clinic on poliomyelitis at the Children's Hospital. An outline of treatment including a new type of foot splint was explained, and the probable prognosis in each of the six cases shown was discussed. In the afternoon the report of the Nursing Education Section was given by the convener, Miss E. Mallory. Its various activities included a consideration of a pre-nursing matriculation. Miss Ina Broadfoot, convener of the Public Health Section, reported on the programme of the three meetings of the Section held during the year. Miss Alma McIntyre, convener of the Private Duty Section, reported progress on the refresher course project and spoke of the success of the eight-hour day. The Public Health Section subsequently held a luncheon, at which Miss Simpson gave an enjoyable address on public health nursing in other lands.

At the afternoon session Mrs. R. F. McWilliams gave an outline of the proposed plan for group hospitalization and Miss E. McDowell, president of the Manitoba Association of Registered Nurses, delivered an excellent address in which she outlined a six-point programme for the future. This included plans for:

A successful Summer School.

The ultimate establishment of a Chair of Nursing at the University of Manitoba.

Co-operation with the Department of Education in order to more adequately prepare the student for nursing.

Continued study of the Proposed New Curriculum and co-operation with the National Committee on Dominion Registration in order to place Dominion Registration on a sure foundation.

Completion of the provincial survey of Schools of Nursing.

Better co-ordination between local organizations and the Provincial Association.

The president paid a graceful tribute to the fine pioneer work done for the Association by Mrs. A. W. Moody, Miss Ethel Gilroy, Miss Elizabeth Russell, Miss Elizabeth Carruthers, Miss Jean Houston, Miss Elsie Wilson, Rev. Sister Krause, Miss Mabel Wilkins, Miss Anna Wells and Miss Wright. The contribution made by Miss Christine MacLeod of Brandon and Miss Kettles of Dauphin was also mentioned with appreciation.

Next in order came a demonstration of the Audiometer Hearing Test. Methods of classroom inspection were demonstrated by Miss N. W. Anderson of the Department of Public Health. Miss Ina Broadfoot gave a talk on the care of the teeth as delivered to a class of Grade Four students. Miss Emily Parker gave an interesting paper on health education in the schools.

The election of officers for 1938 resulted as follows:

President, Miss E. McDowell; first vice-president, Miss E. Russell; second vice-president, Rev. Sister St. Irma; third vice-president, Miss D. Muir (Brandon); honorary secretary, Miss Lynette Gunn. The board members include: Miss T. Wiggins, Miss D. Muir (Brandon), Sister St. Irma, Miss C. Day, Miss J. Morrison, Miss J. Archibald, Miss M. Wilkins, Rev. Sister Clermont (St. Boniface Hospital), Miss Alice Laporte (St. Boniface), Miss Lynette Gunn, Miss F. Rowell (Dauphin), Miss F. Roach (St. Boniface).

The conveners of sections include: nursing education, Miss F. Roach; public health, Miss K. McLearn; private duty, Miss

Theresa Greville. The conveners of committees include: directory, Miss M. Wilkins, social, Miss K. McLearn, visiting, Miss M. Baldwin, press, Miss E. Margarson, membership, Miss K. McCallum, library, Miss Elsie Wilson, finance, Miss R. Dickie, Nightingale Memorial Foundation, Miss R. Dickie. Representatives were apointed as follows: to the Central Council of Social Agencies, Miss Florence Robertson; to the Junior Red Cross, Miss N. O'Shaughnessy; to *The Canadian Nurse,* Miss Pearl Brownell; to The Local Council of Women, Mrs. H. Fraser.

A delightful dinner, attended by one hundred and sixty-five nurses, and presided over by Miss Catherine Lynch, superintendent of nurses, Winnipeg General Hospital, brought to a close a most successful convention.

Gertrude M. Hall,
Executive Secretary.

THE ECONOMIC STATUS OF WOMEN

Mrs. Harvey Agnew was the guest speaker at a recent meeting of the Alumnae Association of the University of Toronto School of Nursing. Mrs. Agnew dealt with the findings of a Liason Committee formed at the request of the League of Nations and the International Labour Organization to study the economic status of women in fifteen countries. Upon the initiative of the National Council of the Y.W.C.A., Canada's Liason Committee was organised, representing thirteen organizations of women wage-earners, among them the Registered Nurses Association of Ontario.

Questionnaires sent out were designed to ascertain the following:

The number of wage-earning women who are the sole support of dependents.

The number of wage-earning women who have no responsibility except for their own maintenance.

The number of wage-earning women who contribute to the support of households or to the support of other persons over and above their own maintenance.

Mrs. Agnew, who was a member of the Canadian Committee, and travelled across the country collecting data for the survey, summed up the conclusions reached and made a plea for further serious study by women's groups of the economic status of women in Canada and its implications. Briefly, some of the conclusions reached by the Canadian Liason Committee were:

There has been no large-scale attempt to deprive women as a whole of the right to earn a living. There is evidence of a strong prejudice against married women in wage-earning occupations.

The Government of Canada recognizes the existence of dependents by allowing exemptions for them under the Income Tax Bill. But here again, the scales are weighted against women. According to the Bill, the dependents must live in the same household as the taxpayer. In the case of a great many women, they have to live apart from their dependents owing to circumstances which they cannot control.

Generally speaking, women's wages are lower than men's, although both men and women with dependents are handicapped. This situation has been recognised in Europe for years and a method worked out to overcome the economic handicap of dependents. It is called the Family Allowance System. Its basic principle is a minimum wage for both men and women and graded allowances

for dependents. It has been worked out successfully on a large scale in France, Switzerland, Poland, Sweden, Norway, Finland, Denmark and Jugoslavia. It is quite applicable to occupations remunerated by set wages or salaries.

During the evening fourteen life memberships were presented to alumnae of the School by the president, Mrs. George Hanna.

Dorothy M. Percy.

ONTARIO PUBLIC HEALTH NURSING SERVICE

The Nursing Service of the Ontario Society for Crippled Children has been extended recently. This is due in part to the 1937 epidemic of poliomyelitis as all patients reported as having paralysis or paresis in the Provnice are now being supervised.

Miss Gretta Ross, (Toronto General Hospital), who for the past two years has been in charge of the Orthopaedic Nursing Service started by the Ontario Society for Crippled Children in Western Ontario, has now been transferred to Toronto with headquarters at 15 Queen's Park. Miss Ross will be staff supervisor and will also visit the post-polio cases in York Country. Six experienced public health nurses have been added to the staff: Miss Gene Clark (Hospital for Sick Children), Miss Marjorie Rutherford (Victoria Hospital, London), Miss Helen Needler (Hospital for Sick Children), Mrs. Jean Coulter (St. Joseph's Hospital, London), Miss Oril Kerr (Hospital for Sick Children), and Miss Clara Vale (Toronto General Hospital). Mrs. Coulter and Miss Rutherford have been assigned to the Western Ontario District where the regular orthopaedic service is to be continued in addition to the polio survey. The remaining four nurses will cover other parts of Ontario which have been affected by the epidemic.

Miss Harriet Huston, graduate of Victoria Hospital, London, and of the public health nursing course, University of Western Ontario, has been appointed as public health nurse in St. Thomas to succeed Miss Janet Smith who has accepted a position in Manitoba.

Obituary

HOLMES—The death occurred recently in England, of Dorothy C. Holmes. Miss Holmes was a graduate of the School of Nursing of the Royal Columbian Hospi- New Westminster, and a member of the Class of 1925.

JOHNSTON—The death occurred recently, very suddenly and while in active service, of Alta Johnston, a graduate of the Victoria Hospital School of Nursing, London, Ontario. Miss Johnston was also a graduate in Public Health from the University of Western Ontario. She was an active and valued member of her Alumnae Association and her passing is deeply regretted by her associates.

RAMSDEN—The death occurred recently, on her twenty-eighth birthday, of Effie Lillian Ramsden, a member of the Class of 1933 of the School of Nursing of the Hospital for Sick Children, Toronto. At the time of her deeply regretted and untimely death Miss Ramsden was a member of the nursing staff of the Anson General Hospital, Iroquois Falls.

SCOTT—The death occurred recently of Mrs. Rita Scott (née Brethour) widow of the late Dr. R. H. Scott. Mrs. Scott was a graduate of the School of Nursing of the Vancouver General Hospital.

Annual Meeting in Quebec

The annual meeting of the Association of Registered Nurses of the Province of Quebec was held in Montreal on February 7 and 8 and proved to be a most successful and lively event. At the opening session which was bi-lingual, the president, Miss Margaret L. Moag occupied the chair and, in the course of an admirable presidential address, commented with satisfaction upon the progress of the study of the proposed curriculum throughout the province, and upon the fact that a number of training schools have effected some of the recommendations. She regretted that the Province is still far behind the quota set by the national joint committee of the Canadian Nurses Association for enrolment for emergency service, as only 428 nurses have enrolled and the provincial quota is 840.

Opportunities afforded to nurses wishing to increase their professional knowledge were outlined by Miss Moag. The McGill School for Graduate Nurses has instituted a partial course in teaching and ward supervision for those in hospital work, which has a satisfactory enrolment. In answer to a request, a special course in industrial nursing was arranged. Supervision in public health nursing is being taught to nurses who hold sub-executive positions in this type of work. The regular academic courses at McGill, l'Ecole d'Hygiène Sociale, and the Youville School of the Grey Nuns is maintained. Miss Moag also said that steady improvement in employment of nurses is apparent and that the demand in public health nursing exceeds the number of qualified women available. The same situation prevails in regard to teachers in schools of nursing.

True to her usual form, Miss E. Frances Upton, executive secretary and registrar, gave an excellent and comprehensive report. The total membership of the Association is 3700, of whom 1861 are English-speaking and 1839 are French-speaking. While complete information is not available, it is known that approximately 1422 are employed in institutional work, 1433 in private duty and 525 in public health nursing.

In her capacity as official school visitor, Miss Upton reported progress as follows:

For the first time in the experience of the Association all schools have been visited this past year, one more being added to the list of those fulfilling law requirements, which brings the total number of approved schools up to thirty-seven, twenty-six of which accommodate French-speaking and eleven English-speaking students; thirty-two give the complete three-year course and five offer special courses to affiliating or post-graduate students. There still remain two schools whose graduates do not qualify for registration, the number of students being relatively small.

Following the publication of the Proposed Curriculum for Schools of Nursing in Canada, the Board of Management of the Association recommended that all schools in the province should give it serious study and consideration. The response to this request has been most encouraging insomuch that study groups have been organized and the personnel of our schools have analyzed the proposed plan, and in many instances have made recommendations which have resulted in a definite attempt at re-organization to effect: (1) A better selection of students. (2) A shorter day and longer vacation periods. (3) A reduction in number of lectures and classes being given outside the day time duty schedule. (4) Improvement in health programme and method of recording same. (5) Improvement in standard of qualification of teaching and supervisory staff. (6) Improvement in teaching methods.

The report of the honorary treasurer, presented by Miss C. M. Ferguson, showed the finances of the Association

to be in a satisfactory condition. Miss Olga Lilly, convener of the Board of Examiners, spoke of the high percentage of failures and suggested some remedial measures. Miss Eileen Flanagan gave a stimulating summary of the new trends in nursing thought which were apparent at the International Congress of Nurses.

At the evening session, with Miss Marguerite Craig presiding, Miss Madalene Baker, chairman of the private duty section of the Registered Nurses Association of Ontario, spoke with her usual vigour and clarity on the eight-hour day for private duty nurses. The attendance was excellent and the discussion animated. Further consideration of this session will be understaken in a later issue of the *Journal*.

On the following day, with Miss Margaret I. Brady in the chair, a symposium on poliomyelitis was presented by the following speakers: Dr. H. B. Cushing, Professor of Paediatrics and Infectious Diseases, McGill University; Dr. W. G. Turner, Orthopedic Surgeon, Royal Victoria Hospital and Shriners' Hospital; Miss Alice Burkhardt, recreational therapist, Children's Memorial Hospital and Miss Esther B. Asplet, director of the Physiotherapy Department. This event proved to be of exceptional interest as an outstanding example of the value of dramatic action as well as exposition in a symposium of this kind.

At the closing session, the Hon. Cyrus Macmillan, Professor of English in McGill University, delivered a delightfully witty and pointed commentary on "Education and the Profession". Hearty applause gave proof of appreciation on the part of a large audience of Miss Marion Lindeburgh's address on "The Art of Nursing."

With the exception of the opening session, the French and English groups held their meetings separately. The address of Miss Madalene Baker, however, was skilfully translated into French and delivered by Mlle Suzanne Giroux at a session of the French group. Miss Baker herself was present and there was a lively discussion. Scholarly addresses were given by Abbé I. Lussier, of the Catholic School Commission of Montreal, on professional orientation, and by M. Garneau, K.C., on "The nurse in the eyes of the law."

At a subsequent meeting of the Executive Committee, the following officers were declared elected for the coming year: President, Miss Margaret Moag; English vice-president, Miss Eileen Flanagan; French vice-president, Rev. Sister Valerie de la Sagesse; honorary treasurer, Miss C. M. Ferguson; honorary secretary, Miss Suzanne Giroux. Members of the board of management without office: Miss Mabel K. Holt, Miss Marion Nash, Miss Maria Roy, Miss Alice Albert, Miss Juliette Trudel.

VICTORIAN ORDER OF NURSES

Miss J. MacFarlane has been admitted to the Kitchener staff.

Miss V. Huffman has been admitted to the Kitchener staff.

Miss M. Van Scoyoc has been admitted to the Hamilton staff.

Miss J. Hocking has been admitted to the Hamilton staff.

Miss R. Cunningham has been admitted to the Border Cities staff.

Mrs. I. Ewing has resigned from the Toronto staff.

Notes From the National Office

Contributed by JEAN S. WILSON,
Executive Secretary, The Canadian Nurses Association

Membership

Ten years ago, when the Canadian Nurses Association decided to study the problem of dual affiliation in the national organization, the total number of nurses in the nine Provincial Associations represented 57% of the membership in the Canadian Nurses Association. The remaining 43% were able to maintain their national and international affiliation simply by belonging to their alumnae or local graduate nurses association.

The study of the dual affiliation problem resulted in the Bylaws being amended at the Biennial Meeting in 1930 whereby the Canadian Nurses Association became a federation of the nine Provincial Associations of Registered Nurses. In 1928 the total membership of the Provincial Associations amounted to 6,636. That membership now is 14,254.

It is customary when making this annual announcement on membership to mention the Provincial Associations in which the larger gains have been made during the previous year. This time, the Manitoba Association of Registered Nurses leads with an increase of 38% while the Registered Nurses Association of Ontario follows with one of 30%. Each provincial unit gained in membership during 1937. The total increase amounting to 1751. Most encouraging! *But* the potential membership of the Canadian Nurses Association is estimated to be over 20,000.

Halifax, 1938

The General Meeting of the Canadian Nurses Association meets in Halifax in July next, from the fourth to ninth.

Programme: A tentative outline of the programme will be published in the April issue of the *Journal*.

Reservations: Convention headquarters will be The Nova Scotian Hotel. Those who wish to secure accommodation *in this hotel* should make early reservation as the number of rooms available is limited. Room rates per day are: single, $3.00; double, $2.50 per person; three in one room, $2.00 per person. All rooms have connecting baths. The Arrangements Committee has secured reservations in other hotels and guest houses within short distance of headquarters. On request, Miss Catherine Graham, 60 Seymour Street, Halifax, will send information concerning this additional accommodation. Sister Anna Seton, Halifax Infirmary, will make arrangements for Religious Sisters and Adjutant Atkinson, Grace Hospital, Halifax, for members of the Salvation Army.

Special Functions: It is suggested that alumnae of schools of nursing choose Wednesday evening, July 6, for their "get-togethers", and that alumnae of the university courses for nurses arrange for breakfasts on Thursday morning, July 7. By adhering to these suggestions it is anticipated there will be no conflict with the entertainment planned by the Arrangements Committee. Reservations for all special functions should be addressed to Miss Gladys Strum, Victoria General Hospital, Halifax.

Arrangements Committee: At the end of January, the Executive Secretary spent several days in Halifax and a meet-

ing of the Arrangements Committee was held with a full attendance. This necessitated one member driving 83 miles to be present. This fact alone speaks for the enthusiasm with which the Nova Scotia nurses are preparing for the General Meeting — and also, a drive of 83 miles after lunch to attend an afternoon meeting is assurance to those who are planning to drive to Halifax that road conditions in Nova Scotia must be good.

International History of Nursing

At the December meeting of the Executive Committee of the Canadian Nurses Association a request was received from the International History of Nursing Society for the Association to appoint a corresponding member. Miss Eileen Flanagan, Montreal, has consented to accept this appointment.

Pre-nursing High School Courses

Recently the Departments of Education in the Provinces of Alberta and Manitoba have sought the co-operation of the Associations of Registered Nurses in those Provinces. The Alberta Association has been asked to submit suggestions for the new course of studies now under consideration for high school students. Also, the Association was asked to have a representative meet with the committee appointed by the Department of Education to draft the revised course for Grade Eleven. In Manitoba, the Minister of Education has asked the Provincial Association for recommendations re a pre-nursing matriculation course for girls in Grades Nine, Ten and Eleven.

Nightingale Memorial Fund

Further contributions to the Florence Nightingale Memorial fund have been received as follows:

Alberta

Nursing Education Section, Alberta Association of Registered Nurses	$10.00
Private Duty Section, Alberta Association of Registered Nurses	10.00
Staff, Grande Prairie Municipal Hospital	5.00
Students and Graduate Staff, Calgary General Hospital	21.00
Lethbridge Graduate Nurses Association	10.00
Edmonton Association of Graduate Nurses	10.00

British Columbia

Cowichan Health Centre	4.00
Nursing Staff, Penticton Hospital	2.00
Registered Nurses Association, Nelson	10.00
St. Paul's School of Nursing, Vancouver	10.00
A.A., Jubilee Hospital, Victoria	15.00
St. Mary's Hospital, Dawson	2.00
Provincial Mental Hospital, Essondale	18.00
St. Joseph's Hospital, Comox	5.00

Ontario

Student Nurses Association, Toronto Western Hospital	25.00
Mrs. W. T. Allan, Collingwood	2.00

REGISTERED NURSES' ASSOCIATION OF BRITISH COLUMBIA
(Incorporated)

An examination for the title and certificate of Registered Nurse of British Columbia, will be held April 4th, 5th, and 6th, 1938.
Names of Candidates for this examination must be in the office of the Registrar not later than March 4th, 1938.

Full particulars may be obtained from:

HELEN RANDAL, R. N., REGISTRAR
520 Vancouver Block Vancouver, B.C.

NEWS NOTES

BRITISH COLUMBIA

VANCOUVER: *The Public Health Section of the Registered Nurses Association of British Columbia* recently held a successful dinner meeting, attended by about eighty nurses from the lower mainland and Vancouver Island. Nine papers on public health topics were read which were the result of discussions held by groups of nurses throughout the Province. Miss Elizabeth Smellie, Superintendent of the Victorian Order of Nurses for Canada gave an interesting talk, touching upon the highlights of public health practice. *The Private Duty Section of the Registered Nurses Association of British Columbia* has aimed this year to interest local groups of nurses in an educational programme. It is gratifying to report that in Victoria the private duty nurses have become organized and are enjoying lectures by physicians and public health nurses. In Vancouver an instructive lecture on neurology was given to private duty nurses by Dr. Frank Turnbull. A course of six lectures, on psychiatry and mental hygiene, by Dr. George Davidson, is now underway. These are being given weekly at 7:15 P.M. and a charge of $1.00 is made to cover the cost of having mimeographed copies made of each lecture.

VANCOUVER: *The Alumnae Association of the Vancouver General Hospital* recently held its annual banquet in honour of the graduating class. The guests were welcomed by the president and an interesting programme followed. Officers for the coming year are as follows: Honorary president, Miss G. M. Fairley; president, Miss Fyvie Young; vice-presidents, Mrs. McCullough and Mrs. A. Grundy; recording secretary, Miss M. Miller; corresponding secretary, Miss M. Barton; treasurer, Miss C. Walker.

Appointments: Miss Marion Ross (University of Toronto School of Nursing) has been appointed to the staff of the Metropolitan Health Service in Vancouver. Miss Ruth Cheeseman, R. N., B. A. Sc., has resigned from the public health staff in Vancouver to accept an appointment in the Public Health Service of the Hawaiian Islands. Miss Florence Barbaree, formerly on the Public Health staff at Duncan, has been appointed school nurse at Port Haney, B. C.

Married: Recently, Miss Marion R. Gilley (St. Paul's Hospital, Vancouver) to Mr. Gordon Leonard Robson

MANITOBA

BRANDON: A meeting of the Brandon Graduate Nurses Association was held recently at the home of Miss M. Gemmell. The Register was reported as busy and Miss P. Findlay, convener of the private duty section of the Association, and Miss D. Muir, who is on the Board of Directors, were appointed as delegates to the annual meeting of the Manitoba Association of Registered Nurses. Miss E. Roulette introduced the guest speaker of the evening, Dr. W. S. Peters, who gave a very interesting address on haemorrhage at the menopause, emphasizing the dangers of carcinoma at this time. A social hour followed.

BRANDON: A meeting of the Brandon Graduate Nurses Association was held recently at the home of Mrs. H. E. Hannah, 32 members being present. Miss V. Vance, president, called upon Miss Findlay, delegate to the Manitoba Association of Registered Nurses at its annual meeting, who gave a report which was most interesting and complete. Dr. D. L. Johnson, the guest speaker, gave an excellent address on State Medicine. A social hour concluded the evening.

A gratifying representation of the Brandon Association attended the annual meeting of the Manitoba Association of Registered Nurses in Winnipeg.

ST. BONIFACE: Miss H. Chivers-Wilson, a graduate of the St. Boniface Hospital, has been apointed assistant laboratory technician at the Winnipeg General Hospital.

NEW BRUNSWICK

SAINT JOHN: The annual meeting of the Saint John Local Chapter of the Registered Nurses Association of New Brunswick was held recently at the Saint John General Hospital. Miss Agnes D. Carson, the retiring president, was in the chair and gratifying reports were received from the various officers and committees. Arrangements were made to hold a bridge and to devote the proceeds to the sick nurses benefit fund. Miss Belle Howe was named general convener. Miss Margaret Murdoch, superintendent of nurses of the Saint John General Hospital, was elected president of the Chapter for the coming year together with the following officers: Honorary president, Miss E. J. Mitchell; first vice-president, Miss M. Wallace; second vice-president, Miss L. Henderson; secretary, Miss L. Bartsch; assistant secretary, Miss M. Donovan; treasurer, Miss L. Wilson. The committee conveners are: programme, Miss D. Brown; private duty, Miss H. Redmore; public health, Miss A. Burns; sick nurses benefit, Miss E. J. Mitchell; *The Canadian Nurse*, Miss B. Selfridge and Miss K. MacGillivary; auditors, Mrs. J. H. Vaughan and Miss L. Hume; Registry Committee:

Miss S. Hartley, Miss M. Wallace and Miss R. Wilson.

SAINT JOHN: The annual meeting of the public health section of the Saint John Chapter of the Registered Nurses Association of New Brunswick was held in the Health Centre recently. The report of the retiring secretary, Miss F. Saunders, reviewed a year of interesting and helpful sessions. The election of officers resulted as follows: chairman, Miss Muriel Clarke; secretary, Miss M. I. Darling; members of programme committee: Miss H. Morrow, Miss H. Dykeman and Miss B. Gregory.

SAINT JOHN: A special meeting of the Saint John Chapter was held at the Saint John General Hospital on January 26 with Miss Margaret Murdoch, the president, in the chair. Following a short business meeting, Miss Jean S. Wilson, Executive Secretary of the Canadian Nurses Association, addressed the meeting and recalled that the Canadian Nurses Association was founded in October, 1908, by a small group of nurses. There are now 14,000 nurses in affiliation with the National Association. Following Miss Wilson's address, a reception was held in her honour in the Nurses Residence. The guests were received by Miss Wilson and Miss Margaret Murdoch. Mrs. George Brown presided over the teacups and the following junior graduates assisted in serving: Misses I. Clark, M. Hovey, I. Hicks, H. Vallis, I. Wallace, M. Whitman, M. Fitzgerald, M. Carey, M. Ryan, A. Shaw and T. Horton. The Saint John members of the executive of the New Brunswick Association of Registered Nurses also entertained at dinner in the Admiral Beatty Hotel on January 27 in honour of Miss Wilson. Mrs. G. E. Van Dorsser, the president of the Association, acted as hostess and Miss A. J. McMaster of Moncton, who is the convener of the Nurses Registration Committee for the Canadian Association, was a special guest.

SAINT JOHN: Miss Velma Crawford, Miss T. Brown and Miss Helen Colburn (all members of the class of 1935, Saint John General Hospital) and Miss Marjorie Campbell (S. J. G., 1936) have been appointed to the staff of the Provincial Hospital.

NOVA SCOTIA

HALIFAX: On January 31 the Halifax Branch of the R. N. A. N. S. was fortunate in having as guest speaker Miss Jean S. Wilson, Executive Secretary of the Canadian Nurses Association. Miss Wilson outlined the history and growth of the C. N. A. showing its relationship to the Provincial Associations. After the close of the meeting a reception in honour of Miss Wilson was held at the Children's Hospital. Miss Wilson also met the Provincial Arrangements Committee at the home of Miss Marion Haliburton, president of the Registered Nurses Asociation of Nova Scotia. The business meeting was followed by an informal tea.

NEW GLASGOW: The fifth annual meeting of the Pictou County Branch of the R. N. A. N. S. was held in New Glasgow on January 21. We have an enrolment of fifty-five paid-up members. Eight regular meetings have been held with an average attendance of eighteen. During the year we have had special speakers at six of our meetings.

VALLEY *Branch*: The January meeting of the Valley Branch of the R. N. A. N. S. was held at the Nova Scotia Sanatorium. An interesting talk was given by Dr. E. M. Found on anaesthetics. Refreshments were served by Mrs. Mack and the staff, after which a social evening was enjoyed.

HALIFAX: The Halifax Infirmary Alumnae Association held its annual meeting recently. A gratifying feature was that almost 100 per cent of the membership attended. Mrs. Alex Chaisson, president, gave a comprehensive review of the year's work and the conveners of the different committees all submitted reports showing a healthy condition of the organization. The following officers were elected for the coming year: President, Mrs. Alex Chaisson, vice-president, Miss Beatrice Foley; treasurer, Miss Dorothy Turner, secretary, Miss Mary Archer. Conveners of the standing committees were chosen as follows: Mrs. E. Power, visiting committee, Mrs. McManus, entertainment; and Miss M. Kathleen McDonell, publicity committee. A social hour followed.

ONTARIO

DISTRICT 1

LONDON: Miss Janet Smith, Public Health Nurse for the past six years in St. Thomas, has accepted a position on the staff of the Manitoba Provincial Department of Health. Miss Smith is a graduate of the School for Nursing of the Winnipeg General Hospital and a post-graduate in public health nursing of the University of Western Ontario, London. Miss Harriet Hueston, of London, has accepted the position vacated by Miss Smith. She is a graduate of the School of Nursing of the Victoria Hospital, London, and a post-graduate in public health nursing of the University of Western Ontario.

Miss Grace Versey, of the London staff of the Victorian Order of Nurses, has been transferred to the Oshawa branch as supervisor. Miss Ruth Kester has been appointed to the position in London vacated by Miss Versey. Both took the course in public health nursing in the University of Western Ontario.

ST. THOMAS: The following marriages have recently taken place:

Married: Recently, Miss Ruth McLay (St. Thomas Memorial Hospital, 1932) to Mr. Frank Bacon.

Married: Recently, Miss Jean MacDonald (St. Thomas Memorial Hospital, 1931) to Mr. Campbell Walker.

WINDSOR: The refresher course on poliomyelitis, recently held by the Windsor nurses at the Hôtel Dieu Hospital was largely attended, 122 nurses being present of which 60 were members of the R. N. A. O. We had extended an invitation to all registered nurses as we felt it might help to increase the membership of District 1. The Chatham nurses were our guests for the day and 28 of them were present.

Dr. Adams, our Medical Officer of Health, opened the meeting with a paper on poliomyelitis in which he discussed the epidemiology of the disease and the preventive measures which are in use today. The next speaker, Miss McInnerny, gave a summary of the nursing care of poliomyelitis in the acute stage and presented several case studies of patients who were under her supervision in the Isolation Hospital during the past few months. The afternoon session was opened by Dr. Brockenshire who spoke on post-poliomyelitis treatment, and also demonstrated the use of the Bradford frame, and arm and leg splints. Miss Bateman followed with a demonstration of massage and muscle re-education used in follow-up treatment. The patient who assisted her was an acute case a few years ago and with continuous treatments and supervision has made remarkable progress since. At the close of the sessions a delightful tea was served by the Sisters of the Hôtel Dieu. Later, some of the nurses went to the Isolation Hospital to see the iron lung demonstrated by Miss McInnerny.

The committee in charge was as follows: Miss Marion Spence (convener); Sister Marie Roy, of the Hôtel Dieu Hospital; Adjutant Dorris M. Barr, of Grace Hospital; Miss Beatrice Young, of the Metropolitan General Hospital; Miss Irene Doris, of the Essex County Sanatorium. Miss Mabel Hoy and Miss Nellie Gerard, executive officers of the district assisted with arrangements.

DISTRICT 2 AND 3

KITCHENER: The following officers were elected at a recent meeting of the Alumnae Association of the Kitchener-Waterloo Hospital for the coming year: Honorary president, Miss K. Scott; president, Miss C. Mulholland; first vice-president, Mrs. Westwell; second vice-president, Miss Gimbel; secretary, Miss A. Lambert; assistant secre-

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tary, Mrs. McCullough; treasurer, Miss E. Ellacott.

The death occurred recently at the Kitchener-Waterloo Hospital of Miss Elizabeth Adair.

Married: Recently, Miss Selma Ruhl to Mr. Williard F. Dahmer.

Married: Recently, Miss Rita L. Galliher to Dr. James McCullough.

DISTRICT 4

HAMILTON: The annual meeting of the Hamilton Public Health Section of the R. N. A. O. was held recently at Southgate with Miss Reta Ford in the chair. Miss Dorothy Mickleborough, of Toronto, Supervisor of the Victorian Order of Nurses, gave a thought-provoking talk on the improvement of the content of the public health nurse's visit. Miss Mickleborough stated that a study made by the N. O. P. H. N. in 1934 found teaching the weakest part of our work. The approach should first be made in schools of nursing and an effort made to integrate health teaching in the curriculum. For those already in the field, staff education is of great importance. The officers elected for the coming year are: President, Miss E. Bell; vice-president, Miss M. McIlquham; treasurer, Miss D. Truesdale; secretary, Miss C. Livingston.

NIAGARA FALLS: The annual meeting of the Alumnae Association of the Niagara Falls General Hospital was held recently when the following members were appointed to office for the coming year: Honorary president, Miss M. Park; president, Miss A. Pirie; honorary vice-president, Miss M. Buchanan; first vice-president, Miss V. Litchenberger; second vice-president, Mrs. H. Mylchreest; secretary-treasurer, Miss V. Sternall, 1448 Victoria Avenue; corresponding secretary, Miss M. Le May. The members of committees are as follows: visiting, Miss R. Livingston (convener), Miss K. Howey and Mrs. Evans; membership, Miss I. McClure and Miss A. Livingstone. Miss E. Quinn was appointed educational convener and Miss D. Scott representative to *The Canadian Nurse* and press. During the year the Association gave a donation to the Student Nurses' Library, improved their rest room at the Hospital and added to their furnishings in the Nurses Alumnae Room in the General Hospital. At the meeting, the retiring president, Mrs. F. Wilson, presented the Association with a set of dishes to be used on the trays for patients in the Nurses Alumnae Room in the Hospital. A social hour was enjoyed at the close of the business meeting.

ST. CATHARINES: Two meetings of the Alumnae Association of the Mack Training School were held recently. At the first

meeting, Miss A. Wright, superintendent of the General Hospital, was the guest speaker. She gave a descriptive and interesting talk on her trip abroad and a report of the International Congress of Nurses. A social hour concluded the evening.

The second meeting was held in the Leonard Nurses Home with Miss Hodgins presiding. Dr. H. Quinlan of the Niagara Peninsula Sanatorium gave an interesting illustrated talk on his summer trip to Alaska and of his recent trip to New York. Moving pictures of winter scenes at the Sanatorium were also shown.

The eight-hour duty schedule seems to be satisfactory with most of the private duty nurses in District 4. Miss Scott, a member of the Victorian Order of Nurses, will give a demonstration of home nursing at the next meeting of the Private Duty Section.

District 5

Toronto: The annual meeting of District 5, R. N. A. O., was held at the Toronto General Hospital on February 3, with the chairman, Miss Irene Weirs, presiding. A large number of nurses were present. The various committee and other annual reports were most interesting and thought-provoking. Although all were worthy of individual mention, the highlights were those of the membership committee which reported an increased membership, and of Chapters 1 and 2, organized in the Whitby-Oshawa and Orillia-Barrie districts respectively, which showed an exceptionally active year.

In preparation for the meeting of the Provincial Association in April and the Biennial Meeting of the Canadian Nurses Association in July, Miss Mary Millman reviewed the report of the committee on Dominion Registratoin for Nurses. As the meeting was held so soon after the publication of this revised report, it was felt that there had been insufficient time for individual study of it. It was decided that a special meeting be called for the purpose of further discussion. Hearing Miss Millman's excellent presentation of the report was a privilege and certainly most advantageous to all as a basis for individual study.

Officers were elected for the coming year as follows: Chairman, Miss Irene Weirs; vice-chairman, Miss Laura Gamble; secretary-treasurer, Miss Kathleen McNamara. The conveners of sections are: Private duty, Miss W. Hendrikz; Nursing education, Miss E. Williams; Public health, Miss L. Webb. The following members were elected councillors: Miss F. Matthews, Miss M. Quinn, Miss A. Neill, Miss A. Schiesele, Miss A. Thompson, Miss E. Moore.

Orillia: The Alumnae Association of the Orillia Soldiers' Memorial Hospital has

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Hamilton General Hospital

The Golden Jubilee of the School of Nursing of the Hamilton General Hospital will take place in June, 1940. Will all graduates of this School kindly send their present addresses (and those of their classmates) to the Secretary of the Alumnae Association, in care of the Training School Office,

Hamilton General Hospital
HAMILTON, ONT.

elected the following offficers for the coming year: Honorary president, Miss E Johnston, Miss O. Waterman; president Miss J. Harper; vice-president, Miss J Quinton; treasurer, Miss M. McCuaig; recording secretary, Miss I. Charters; corresponding secretary, Mrs. B. Slessor, 87 Elgin St. The Board of Directors includes Miss S. Dudenhoffer, Miss M. McLeland and Mrs. C. G. Kirkpatrick.

THE TORONTO UNDERGRADUATE NURSES ASSOCIATION: A banquet was recently held at the Toronto General Hospital through the interest of Miss Jean Gunn, superintendent of nurses. There were present the junior, intermediate and senior representatives from each of the nine training schools in Toronto with their superintendents and the foreign students who are taking the one year post-graduate course at the School of Nursing, the University of Toronto. Miss Gunn welcomed the guests and said that she hoped this dinner would serve as an introduction to an interesting year for the Undergraduate Nurses Association of Toronto. After dinner everyone gathered in the reception room of the East Nurses Residence and spent an enjoyable hour listening to talks and musical entertainment. The music was provided by three of the students in training at the Toronto General Hospital.

Miss Bridges, who is taking the one year post-graduate course at the School of Nursing, began by telling the assembled nurses about English nursing and was followed by Miss Small who described New Zealand's customs in the nursing field. A description of Mexico's struggle to establish the nursing profession was next related by Miss Carmen Gomez also a post-graduate student at the University, and Miss Marguerite Caston, another pupil, concluded with Panama's viewpoint. The junior, intermediate and senior groups of the Association then separated to discuss their individual plans for the year.

TORONTO: At a recent meeting of the Alumnae Association of the Hospital for Sick Children the following officers were elected for the coming year: Honorary presidents, Miss Potts, Miss Panton and Mrs. Goodson; honorary vice-president, Miss P. B. Austin; president, Miss Jean Masten; first vice-president, Miss Waddell; second vice-president, Mrs. Donald Bray; corresponding secretary, Miss Harriet McGeary, 349 St. Clair Ave. W.; recording secretary, Miss Doris Kelly; treasurer, Miss Hazel Elliot.

Miss K. Clearihue (H. S. C., 1932) has been appointed assistant superintendent of nurses of the Regina General Hospital. Miss K. Ayre (H. S. C., 1933) is taking a post-

graduate course at the Toronto Hospital for Consumptives, Weston, Ontario. Miss W. Perrin and Miss R. Webb, both members of the class of 1934, sailed to England on their way to South Africa, when they will assume staff positions in the new General Hospital in Cape Town. This was arranged through the exchange of Nurses Committee of the Canadian Nurses Association.

TORONTO: At the annual meeting of the Alumnae Association of the Wellesley Hospital, held recently in the Nurses Residence of the Hospital, Miss Kathleen Layton was elected president. Appreciation was expressed of the splendid work done by Miss Louise Richards, the retiring president, during her two-year period of office and special mention was made of her work during the Wellesley Silver Jubilee in June, 1937. The other officers elected are as follows: Honorary president, Miss Elsie K. Jones; first vice-president, Miss Grace Bolton; second vice-president, Miss Jessie Campbell; corresponding secretary, Miss Mary Stanton; assistant corresponding secretary, Miss Eva Goodfellow; recording secretary, Miss Florence Little; assistant recording secretary, Miss Adelaide Solomon; treasurer, Miss Jean Harris; assistant treasurer, Miss Catharine Smith; auditors, Miss Dorothy Cowper and Miss Mary Graham; custodian, Miss Edith Carson; treasurer, Elizabeth Flaws Memorial Scholarship, Mrs. Harold Clarke and Miss Edith Cowan. The members of the general committee are Mrs. Grace Gundy, Mrs. L. Campbell, Mrs. Muriel Lucas, Miss Elda Rowan and Miss Dorothy Boyd. Miss Mildred Henry was appointed representatives to *The Canadian Nurse* and press correspondent.

TORONTO: The Alumnae Association of the Toronto Western Hospital has elected the following officers for the coming year: Honorary president, Miss B. Ellis and Mrs. Currie; president, Miss G. Sharpe; vice-president, Miss M. Tunbridge; corresponding secretary, Miss S. McCallum; Toronto General Hospital; recording secretary, Miss B. McCutcheon; treasurer, Miss Helen Stewart, Toronto Western Hospital; representative to *The Canadian Nurse*, Miss H. McConnell.

TORONTO: The Alumnae Association of the Women's College Hospital has elected the following officers for the coming year: Honorary president, Mrs. Bowman; honorary vice-president, Miss H. Meiklejohn; president, Miss D. Macham; secretary, Miss Margaret Miles, Women's College Hospital; treasurer, Miss Marguerite Free, 48 Northumberland Street.

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District 6

Peterborough: The annual meeting of Chapter C, District 6, R. N. A. O., was held recently at Nicholls Hospital, Miss F. Vickers presiding. The election of officers for 1938 resulted as follows: president, Miss F. Vickers; vice-president, Miss A. Lynch; secretary-treasurer, Miss H. Russell. The conveners of committees included the following: nursing education, Sister Priscilla, St. Joseph's Hospital; private duty, Miss Ball; public health, Miss C. Anderson. Miss Clare Morris gave an interesting address on "A world cruise in a freighter". District 6 will hold a meeting in Belleville early in March when Dominion Registration will be discussed in detail.

Miss Helen Mouck (N. H. P., 1926) has been appointed night supervisor of Nicholls Hospital, Peterborough. Miss Marion Inches (Calgary General Hospital) has resumed supervision of the obstetrical department, Nicholls Hospital. Miss Margart Beavis (N. H. P., 1934) has been appointed supervisor of the medical department, Nicholls Hospital

District 7

Kingston: On February 1, the private duty nurses of the Hôtel Dieu Hospital adopted the eight-hour day. The plan is already working well at the Kingston General Hospital. Miss Velma Dennie (H. D. H., 1936) was recently appointed to the nursing staff of the Ontario Hospital, Kingston.

District 9

Gravenhurst: Miss E. MacPherson Dickson will be in District 9, R. N. A. O., on the following dates and will speak at the places mentioned below: Monday, March 7, Gravenhurst; Tuesday, March 8, North Bay; Wednesday, March 9, New Liskeard; Thursday, March 10, Kirkland Lake; Friday, March 11, Timmins; Monday, March 14, Sudbury; Tuesday, March 15, Sault St. Marie; Friday, March 18, Port Arthur. The members of the District are looking forward with great pleasure to having Miss Dickson and to hearing her explain Dominion Registration for Nurses.

QUEBEC

Montreal: Montreal General Hospital: The thirty-first annual meeting of the Alumnae Association of the Montreal General Hospital Training School for Nurses was held recently with the president, Miss Mary S. Mathewson, in the chair. The activities of the past year were reviewed and a satisfactory financial situation was recorded. The various reports indicated active participation in the nursing world. A scholarship was awarded to enable a member of the Association to attend the McGill School

for Graduate Nurses, and a contribution of $60.00 was made to the Florence Nightingale Memorial Fund for promoting post-graduate study at Bedford College, London, England. The Association regretfully recorded the loss by death of one member, Miss Laura Terrill, of the Class of 1910.

The following officers for 1938 were elected: Honorary vice-presidents: Miss J. Webster, O. B. E., Miss Nora Tedford and Miss F. E. Strumm; honorary treasurer, Miss H. Dunlop; honorary members: Miss E. Rayside, C. B. E. and Miss J. Craig; president, Miss Mary S. Mathewson; first vice-president, Miss Catherine Anderson; second vice-president, Miss Mary Long; recording secretary, Miss Ann Peverley; corresponding secretary, Mrs. E. Gillespie. The executive committee includes Miss M. K. Holt, Miss B. Birch, Miss Martha Macdonald, Miss Inez Welling, and Miss Snow. Members of other committees are as follows: refreshment, Miss Bunbury, Miss Walker, Miss Case, Miss H. Miller, Miss A. McLaughlin and Miss Snyder; visiting, Miss C. Watling and Miss J. McRae; programme, Miss M. Batson and Miss I. Davies. The representatives to the private duty section are Miss McWhirter, Miss Lamplough and Miss Alcombrack. Miss M. K. Holt was elected representative to *The Canadian Nurse* and Miss G. Colley and Miss A. Costigan are to represent the Association on the Local Council of Women.

In the course of her presidential address Miss Mathewson referred to future activities of the Association as follows:

"We are very proud to know that our School is to the fore in carrying out the recommendaitons of the new Curriculum for Schools of Nursing. We have a future no less illustrious than our past. In two years time we will celebrate the fiftieth anniversary of the establishment of our School and plans are being carefully made for a home-coming which should appeal to every one of our graduates. We ask your co-operation and support in making this great event a memorable one in our history. Before that time we hope to have an Alumnae room, "A Room of our Own," where we may preserve, and proudly display, our archives."

Married: On December 15, 1937, Miss Helen I. M. Gilbert (M. G. H., 1933) to Dr. Ralph L. Randell.

Married: On December 29, 1937, Miss Norah S. J. Belford (M. G. H., 1934) to Mr. Arthur D. Silver.

Married: On January 20, 1938, Miss Mildred A. Thurber (M. G. H., 1937) to Mr. Holland W. Althouse.

Married: On February 3, 1938, Miss Olive May Roe (M. G. H., 1932) to Mr. Frances R. Bowes.

(*Continued on page* 168)

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Association of Registered Nurses of the Province of Quebec (Incorporated, 1920)

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Married: Recently, Miss Mildred M. Linklater (M. G. H., 1934) to Dr. Lewis C. Haslam.

MONTREAL: The Montreal Graduate Nurses Association has elected the following officers for the coming year: Honorary president, Miss L. C. Phillips; president, Miss E. G. Leys, 3545 Park Avenue; first vice-president, Miss A. Jamieson; second vice-president, Miss M. S. Bright; secretary-treasurer, Miss M. K. M. Drummond, 1230 Bishop Street; directress of Nursing Service Bureau, Miss F. A. George; chairman, Nursing Service Bureau, Miss E. F. Upton; Registrars, Miss E. Clark, Miss E. Gruer, Miss E. Young. The convener of the Griffintown Club is Miss G. Colley. The Regular meetings will be held on the second Tuesday of January, first Tuesday of April, October and December.

SASKATCHEWAN

SASKATOON: The following officers were recently elected by the Alumnae Association of the School of Nursing of the Saskatoon City Hospital: Honorary president, Miss E. Amas; president, Miss M. Chisholm; vice-president, Miss J. McRae; second vice-president, Miss E. Polowy; secretary, Miss E. Graham; treasurer, Miss M. Mathias; corresponding secretary, Miss J. Wells. The members of committees are: ways and means, Miss V. Walker (convener), Miss V. Johnson, Miss A. Scott, Miss P. Hauk and Mrs. J. Porteous; social, Miss J. McRay (convener), Miss M. Flemming, Miss I. Allingham, Miss M. Brace, and Miss A. Whillans; visiting and flower, Miss V. Walker and Miss E. Bjarneson; press, Miss E. Polowy and Miss M. E. Grant.

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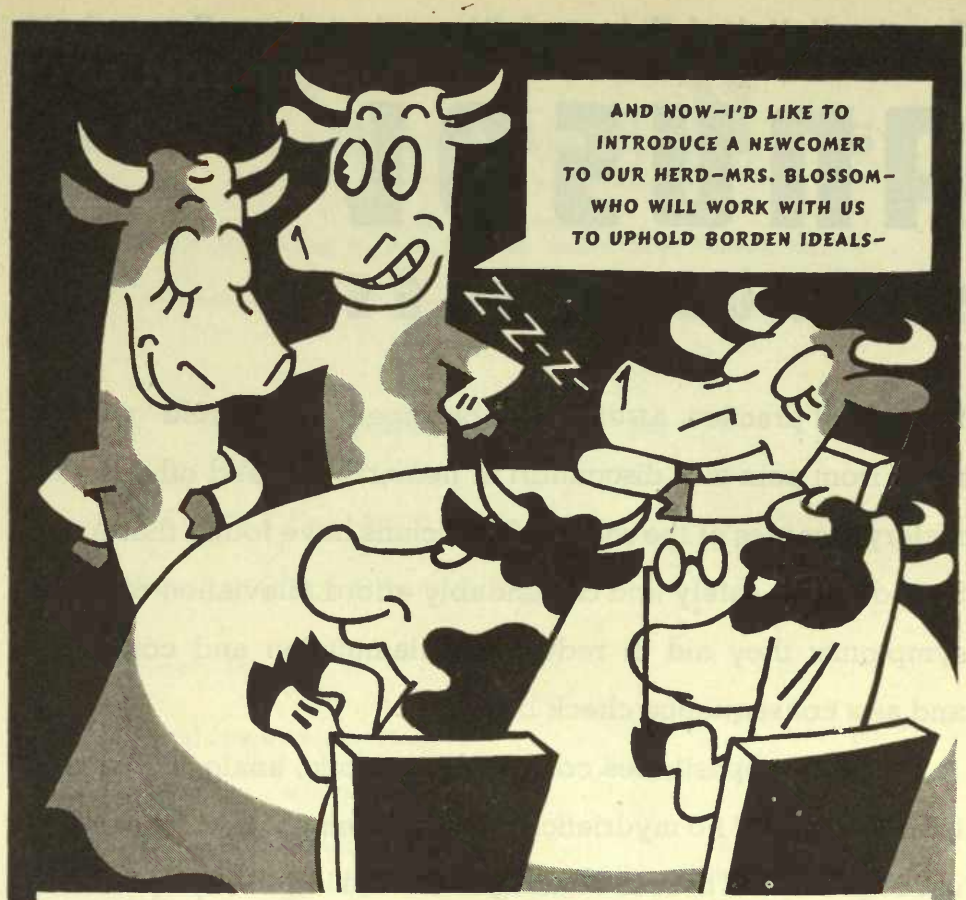

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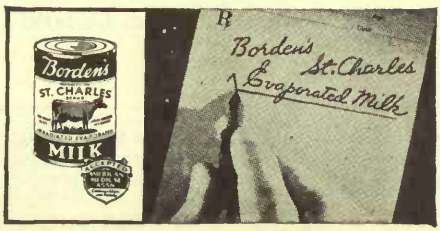

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Gissell & Ilg	Feeding Behaviour of Infants
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DeLeeuw	Crossroads of the Zuider Zee
Wister	Four Seasons in your Garden
Baird	John
Decies	Turn of the World

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Nursing Care in Poliomyelitis

Head Nurse, Poliomyelitis Service, Toronto General Hospital

MARJORY FERRY

Nursing the patient with poliomyelitis commences as soon as the nurse meets her patient. One look at the anxious frightened face on the stretcher tells the observant nurse that her first task is to reassure the sufferer.

If one thinks for a moment of the dread of this disease felt by the public generally, one can realize what terror lies behind those questioning eyes. The way in which this fear may be overcome, is, of course, largely an individual matter, but there are certain important points which will be of help with any of these patients. Gentleness in handling means a good deal. Usually, they are very sensitive to touch and will appreciate the fact that you "know how they feel". Then there is the tone of the voice. A few low, reassuring words does wonders for the morale of some of these frightened young people, and they are usually under twenty.

Since in nursing poliomyelitis, one observes infectious technique and wears a close-fitting cap, a mask and gown, the patient is likely to judge his condition by the expression in his nurse's eyes. If the nurse can read fear in his, he can see confidence and reassurance in hers. It is well to be careful of the remarks which are made in front of these patients for, in their alarmed condition, they are apt to worry over what might at some other time scarcely be noticed. These are trivial points in themselves, but they all contribute to putting the patient at rest mentally.

The nursing care of poliomyelitis will be described under two divisions. The first will be a résumé of the nursing care required for the mildly-ill patients those who require skilled nursing and close observation, but who either do not develop any paralysis at all, or who develop paralysis which does not endanger life. The second division will discuss the nursing care required for those who become acutely ill due to the nature of the paralysis.

The first consideration in caring for the poliomyelitis patient is to make him comfortable and at the same time support weakened muscles. This is accomplished by putting a fracture board under the mattress, a cradle over the feet to protect the toes from the weight of bedclothes, and giving the patients only one pillow. The patients are instructed to rest quietly in order to avoid muscle fatigue. They are not allowed to sit up in bed, or so much as to hold a book if there is danger that its weight may be tiring. Fatigue is undesirable because it appears to aggravate muscle weakness.

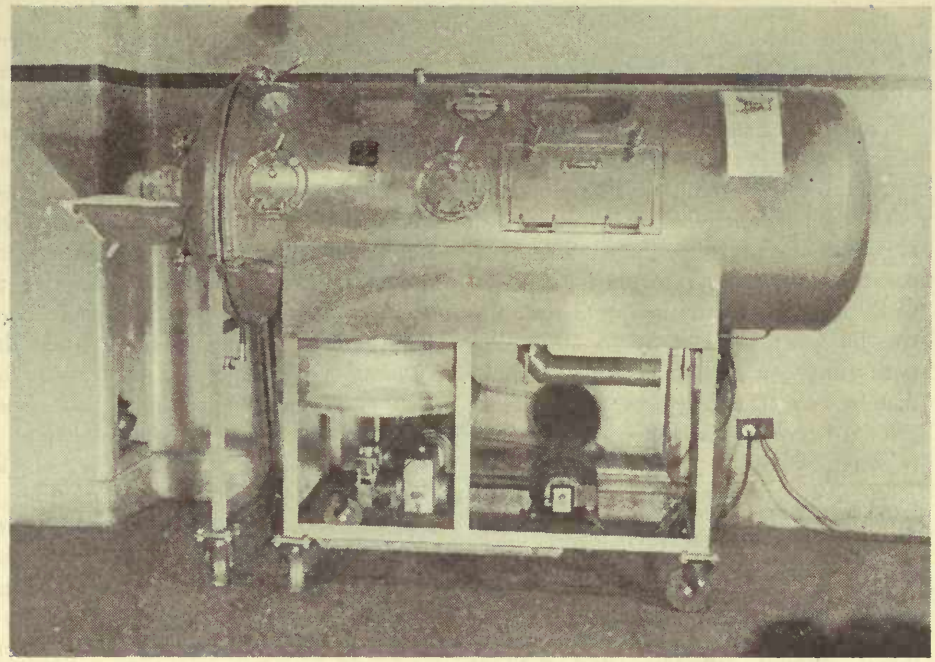
As the patients lie so still, the care of the skin is most important. To prevent dryness and cracking, cocoanut oil in alcohol, also equal parts of lanolin and cold cream, have proved very satisfactory. Pressure sores may be guarded against by the use of rubber air-rings and pressure pads. The latter may be made from a small square of sponge rubber with a hole cut in the centre, so that the elbow or heel may rest in the opening and not touch the bed.

The diet is fluid at first and fluids with a high caloric value are given, the patient being encouraged to take at least 2400 c.c. in twenty-four hours. As the temperature becomes normal, provided there is no difficulty in swallowing, the diet is gradually increased to full diet. The patient is always fed in order to prevent fatigue. Constipation, due to poor muscle tone in the abdominal wall, constitutes a serious problem. Small doses of mild laxatives are given regularly to prevent this difficulty.

All poliomyelitis patients must be careful watched for any evidence of paralysis which may occur up to two weeks from the onset of illness. The paralysis may develop suddenly or come on gradually. In either case, it is of importance to observe the condition immediately. If paralysis occurs in the extremities, sand bags and pillows are used to support the sore and tender muscles and splints are applied when the pain has subsided. When the acute stage of the disease is over, various types of physiotherapy aid greatly in restoring muscle tone.

At the end of twenty-two days, which is the period of quarantine, the non-paralytic patient is ready for discharge. At this time, the patient is given a very careful physical examination in an effort to detect any muscle weakness. A special chart form showing the muscles of the body is used, and the condition of each muscle is indicated on this muscle chart. The patient with paralysis continues to receive the care which will be described in a later article. Terminal disinfection is carried out as in any other infectious disease. It is well to discourage the patient's friends from sending gifts which he might wish to keep and which cannot be disinfected.

We may now consider the nursing care required in caring for patients who are acutely ill due to other types of paralysis. One of these is the bulbar type, in which cells in the medulla and pons are affected. These patients show paralysis of the muscles of the eyes, face, tongue, pharynx, and larynx. They have extreme difficulty in swallowing, and for this reason fluids by mouth are greatly restricted. Only small amounts of ice chips or one teaspoon of water every hour may be allowed. The foot of the bed is elevated to assist postural drainage, and a suction machine is used frequently to remove mucus from the throat. Atropine gr. $\frac{1}{50}$ every four hours is usually ordered to check secretions. To reduce cerebral edema, a solution of glucose may be given intravenously every four hours. The amount of fluids given by mouth is increased as the difficulty in swallowing lessens. The



Patient in a Drinker Respirator

mortality in this type of poliomyelitis is very high.

Patients having respiratory difficulty present a serious problem and require careful and intelligent nursing. Laboured respiration, with the accessory muscles being used at each inspiration, and the development of cyanosis, are the danger signals. Fortunately the Drinker type of respirator may be used for these cases. In order to put the patient in the respirator it is necessary to loosen the screws or clamps which hold the head-end of the machine tightly in place. This head-end and the mattress carrier then pull out, looking not unlike a narrow bed with a high head board. The patient is placed on the stretcher, his body resting on the air mattress, and his head, which slips through an elastic rubber diaphragm in the end of the machine, resting on a small pillow on the projecting shelf. It is important to see that pads are put in between the shoulders and the metal of the machine. The neck should be protected from irritation from the rubber diaphragm by means of a flannelette bandage or soft pads. This protection must be skilfully done in order that air will not enter around the neck. An air-ring is put under the buttocks and sand bags are arranged to hold the feet and legs in proper position. The weight of blanket and sheet must not be allowed to rest on the feet. The arms are placed in a comfortable position across the chest.

This is all done as quickly as possible and the stretcher is pushed into the steel frame of the respirator, the clamps are securely closed and the electricity is turned on. The mechanism is such that alternating positive and negative pressure is created in the machine and this causes the chest wall to be alternately compressed and relaxed. As a result, air

passes in and out of the patient's lungs as rhythmically as though it were his own muscles which were responsible for the changes in thoracic pressure. Most machines are set for eighteen to twenty respirations per minute. The depth of respiration is controlled by a valve which regulates the pressure gauge. The temperature of the respirator varies from 70 to 80 degrees, Fahrenheit, and the relative humidity is about 30 to 40%. Patients improve in colour almost immediately and, exhausted by the previous effort of trying to breathe, soon drop off to sleep.

While the patient is acutely ill the respirator should be turned off when giving fluids, otherwise there is danger that fluid may be aspirated. Later, larger amounts of fluids and solids can be given without difficulty, and without changing the pressure. Very little nursing care, other than to provide nourishment, can be given while the patient is in the respirator, although through the port-holes in the side, a sandbag may be readjusted, or other such details given attention. Care must be always taken that these port-holes are tightly closed afterward, or the pressure will not reach the desired height.

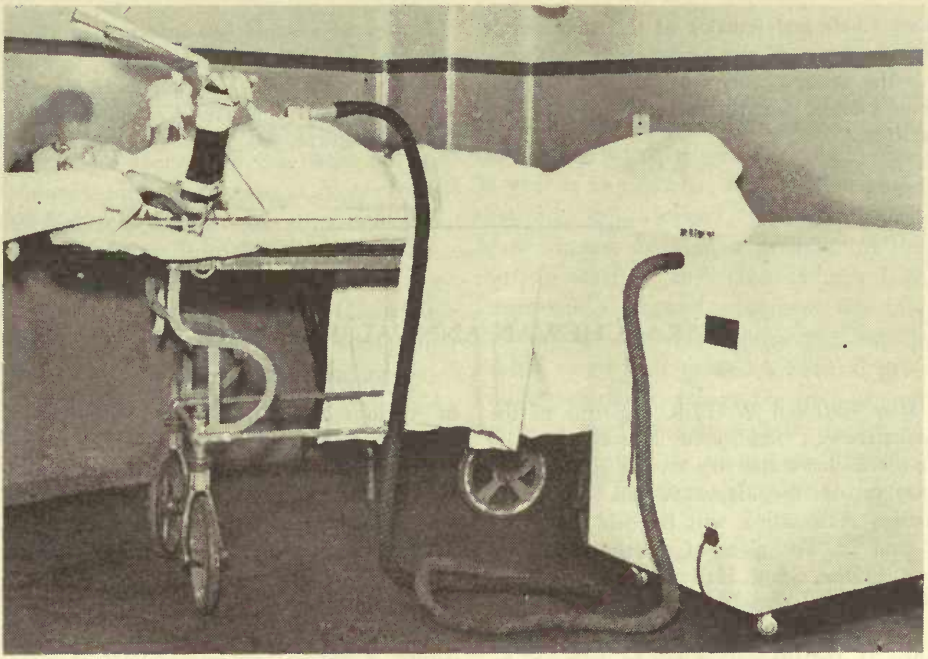
Before opening the machine in order to give nursing care, all requisites must be in readiness. While out of the machine the patient is given oxygen either by open or closed technique. The nurses loosen the clamps, draw out the strecher, and working gently and quickly, bathe the patient, remake the bed, adjust pillow, sandbags and pressure pads, and give any other necessary treatment, such as an enema or catheterization. The use of rubber bed pans has proved of great value with these patients, as they greatly lessen the possibility of the development of pressure sores.

As some degree of recovery returns to the muscles of respiration, the patient may be left out of the machine for gradually increasing periods of time. The patient's vital capacity is measured weekly, using a Benedict-Roth machine, and the "time out" is determined by these tests. A special type of clinical record is kept which gives, in addition to the usual information, a full record of the time the patient spends outside the respirator. This includes the reason for removing the patient, the treatments given, the length of time the patient is outside the machine and the condition of the patient during this interval.

Due to the fact that adequate splinting of the arms cannot be carried out in the Drinker type of respirator, the Leibel-Hall unit is used in some cases. This consists of a flexible rubber jacket, fitting comfortably over the abdomen and operated from a centre-guided bellows. This type of respirator makes it easier to give nursing care to back and extremities. The Leibel-Hall unit is, however, still in the experimental stage of development, and has not yet proved to be a desirable substitute for the Drinker machine for all patients.

Patients who have to have respirator treatment are likely to be ill for a long time. They are particularly in need of all the help the nurse can give in maintaining a healthy mental attitude. Mirrors arranged so that they may see the passing traffic, or catch a glimpse of some pleasing view, sometimes afford a good deal of pleasure. The radio, magazines and books are all excellent. A book rest is attached to the front of the machine and although the nurse must turn each page, the smile and thanks of the patient make up for the endless round of page-turning.

Nursing the poliomyelitis patient is a task which calls for the finest qualities



Patient in a Liebel-Hall Respirator

in nursing: gentleness with firmness, intelligent observation, skill, understanding of others, ability to co-operate, and a hopeful attitude that inspires the weak to keep on trying because they feel it is worth while.

MORE CANADIANS FOR SOUTH AFRICA!

The list of Canadian nurses who have been accepted for positions in South Africa is still lengthening. In the March issue of the *Journal* it was reported that eleven nurses were on their way and now the total has grown to fifteen. The four latest appointments are the following: Miss Eugenie Stuart, a graduate of the Toronto General Hospital Training School for Nurses, and recently clinical instructor in the University of Toronto School of Nursing; Miss Florence Sparling, a graduate of the University of Toronto School of Nursing, recently doing generalized public health nursing for the Red Cross Society at Callander, Ontario; Miss Mary Thom, a graduate of the School of Nursing of the University of Toronto and recently on the staff of the Toronto branch of the Victorian Order of Nurses; Miss Helen Cookson, a graduate of the School of Nursing of the Royal Victoria Hospital, Montreal, and recently a member of the nursing staff of the Indian Hospital, Fort Qu'Appelle, Saskatchewan.

These Canadian nurses will be attached to the nursing service of the newly opened Groote Schuur Hospital in Capetown. Each ward unit of thirty-four beds is under the direction of the Sister-in-charge. The sec-

tions (male and female) of this unit are in charge of a staff nurse who assists in teaching the student nurses as well as sharing responsibility for the nursing care of the patients.

Nurses who would like information about possible appointments in South Africa, should communicate with the convener of the Exchange of Nurses Committee, Miss Jean E. Browne, 621 Jarvis Street, Toronto.

SASKATCHEWAN ANNUAL MEETING

Miss Kathleen W. Ellis, registrar of the Saskatchewan Registered Nurses Association, announces that the twenty-first annual meeting of the Saskatchewan Registered Nurses Association will be held on April 21 and 22. The place of meeting is Moose Jaw, at the Grant Hall Hotel. A synopsis of the programme follows.

At the morning session on Thursday, April 21, the Invocation will be delivered by the Venerable Archdeacon Western. Welcome will be extended by His Worship, the Mayor of Moose Jaw and by Mrs. Droppo, president of the Moose Jaw Graduate Nurses Association. Response will be made by Miss Diederichs, instructor, Gray Nuns Hospital, Regina. Reports will be presented by the secretary-registrar, the treasurer, and the school adviser. The report of the standing committee on education will be given by Miss Edith Amas, director of nursing, Saskatoon City Hospital. Miss Ann Morton, of Weyburn, will report for the standing committee on public health and Miss Helen Jolly, of Regina, will present the report of the private duty committee. The presidential address will be delivered by Miss Annie F. Lawrie. An address entitled "Education—today and tomorrow" will be given by Mr. G. W. Murray, of the Moose Jaw Normal School. Miss King, who is instructor in the Providence Hospital, Moose Jaw, will speak on "The discerning eye in Exhibits". Exhibits, representative of nursing, hospital and school activities, will be displayed throughout the convention.

At the Thursday afternoon session, reports of various committees will be presented and discussed. The report of the Committee on Dominion Registration for Nurses will be received and round table discussion will take place. Later in the afternoon, the business meetings of the three Sections will be held. In the evening, a banquet has been arranged at which Mr. N. R. Craig, K.C., will speak on some phases of current events. A musical programme will be given by the student nurses of the Moose Jaw General Hospital, under the direction of Dr. Marion Powell.

On Friday, April 22, the morning session will be devoted to the reports of special committees and Dr S. R. Laycock, professor of educational psychology at the University of Saskatchewan, will speak on the value of mental hygiene in the life of the nurse. At noon a luncheon is being arranged under the auspices of the Moose Jaw Graduate Nurses Association. At the afternoon session, election of officers will take place and there will be a meeting of the executive.

As announced under the caption of *Notes from the National Office* in this number of the *Journal,* the attention of nurses throughout Canada will shortly be turned towards Moose Jaw as the centre for an interesting experiment in conducting a Community Nursing Service Bureau. It is hoped that the nurses of Saskatchewan will avail themselves of this occasion to visit Moose Jaw, to attend the Convention and obtain more information at first-hand.

The Grant Hall Hotel offers special rates to nurses who are attending the convention. Early reservations are advisable.

Intelligent debate

The tentative programme of the Biennial Meeting of the Canadian Nurses Association appears in this issue of the *Journal* under the caption of *Notes from the National Office*. In an article entitled "Halifax, July, 1938", which appeared in our February issue, Miss Ruby M. Simpson, President of the Canadian Nurses Association, indicated the principal issues which will come up for discussion. Turn to this article and read it again before you tackle the programme itself. It may also be helpful to review the 1937 Report of the Committee on Dominion Registration for Nurses which was published in full in February. And you might also look over the report, presented by the Executive Secretary of the Canadian Nurses Association, concerning the findings of the committee on community nursing bureaux.

With this information at hand, you can then proceed to analyze the programme more profitably. You will see that time is allotted for the specific purpose of thorough discussion of all important issues. Such time is precious and is sometimes wasted by thoughtless persons who, having neglected (or scorned) to read the *Journal*, find it necessary to ask tedious questions which serve only to display a dismal ignorance of current nursing events.

Reader's Guide

The nursing of acute poliomyelitis is a delicate and difficult job. Miss Marjory Ferry, head nurse in the poliomyelitis service of the Toronto General Hospital, gives a clear and practical exposition of how to go about it. Δ Favourable comments were made concerning "New ideas about examinations", an article written by Miss Grace Giles, which appeared in our February number. Miss Giles now follows this up by telling us how to build an objective test. It seems that you need intelligence to build one, as well as to pass one. Δ Making a home visit is a delicate and responsible task. Miss Marion Lauder, a member of the nursing staff of the Metropolitan Life Insurance Company, discusses the underlying psychological principles which should serve as a guide. Δ Several provincial annual meetings are looming up and the programmes will be found in this issue. Better see what *your* Province is preparing for your delectation and instruction.

Local Colour

We ought never to have courted disaster by publishing any generalizations about local colour in the Maritimes. No sooner had "Down by the Sea" appeared in our March issue than this stern rebuke came to us from an unimpeachable authority:

> Cape Breton was a separate Province from 1784 to 1820, and many of its inhabitants do not like to have their letters addressed to "Nova Scotia' but prefer "C. B." Cape Breton has many French towns and villages—Bras D'Or, L'Ardoise, Isle Madame. *Much more French can be heard than bagpipes.* There is, I believe, *one* family of MacTavishes in Pictou County. There are none in Cape Breton. This is not a Nova Scotian name. Pictou is the real home of the Highlander, and Highland games, bagpipes and dancing contests are held every year. The lobster festival is quite spectacular.

All we can do is to bow our head in shame and apologize humbly to the Mac Tavishes, the bagpipes and the French language. We are going to find out the date of that lobster festival with a view to attending.

BRITISH COLUMBIA ANNUAL MEETING

The annual meeting of the Registered Nurses Association of British Columbia, will be held in the Empress Hotel, Victoria, on April 22 and 23, 1938. It is the aim of the programme committee to arrange, by means of round tables, for as much discussion as possible of important matters. A symposium on congestive heart conditions, including the latest methods of medical nursing and dietary treatment, will be given, as well as a series of short papers on topics presented by the Public Health Section. Each of these sessions will be of interest to all three sections of the Association. Dr. G. F. Strong has been asked to give an address entitled "New developments in medical nursing service" at the evening session on Friday, April 22. The annual dinner will be held on Saturday, April 23, at the Empress Hotel and will be followed by an illustrated travelogue given by Mr. Pendray, and by an informal reception.

The annual refresher course for public health nurses, held under the auspices of the Provincial Board of Health and the Department of Nursing and Health of the University of British Columbia, will take place in Vancouver during Easter week, preceding the annual meeting of the Registered Nurses Association of British Columbia. Lectures and discussions will deal with the problems confronting the members of the provincial nursing staff, as well as topics of general interest. In view of the recent expansion of public health work in British Columbia a very interesting and profitable course is anticipated. Details are available on application.

ONTARIO ANNUAL MEETING

Miss Matilda E. Fitzgerald, secretary-treasurer of the Registered Nurses Association of Ontario, announces that the thirteenth annual meeting of the Registered Nurses Association of Ontario will be held in Kingston on April 20, 21 and 22, 1938. One general session will be given over to the presentation and discussion of the report of the Committee on Dominion Registration for Nurses.

Under the auspices of the three Sections, a symposium on the care of poliomyelitis patients will be presented under the headings of "The Surgeon", "The Nurse" and "The Community". Among the many interesting events will be the banquet on Wednesday evening, April 20, when Mr. James A. Roy, M.A., Professor of English in Queen's University, will give an address on James Matthew Barrie. Mr. Roy is known as a very entertaining speaker and his subject is one which every member would enjoy.

Newspaper publicity in relation to nurses and nursing is a subject of vital concern to the Association and to nurses generally. A discussion of this topic, entitled "Nurses in the News" will be presented by Miss Ethel Johns. An address of keen interest to all nurses will be "Significant trends in the Training Schools for Nurses in Ontario", which is to be given by Miss A. M. Munn, Director of Nurse Registration for Ontario. An evening meeting of outstanding interest is being planned for Thursday, April 21, concerning which full details are not yet available.

The Association has not met in Kingston since 1929. Increasing membership displays that a more active interest is being taken by nurses throughout the Province in the Association; therefore, a large attendance is anticipated.

How to Build an Objective Test

GRACE GILES,

Instructor and Supervisor of Nurses, Toronto General Hospital

In an introductory article which appeared in the February issue of this *Journal* the suggestion was made that the so-called New Type Examinations might be used more extensively in examinations for nurses. It is now proposed to outline briefly how such an examination may be prepared. You will recall that this type of examination is composed of a large number of questions and that they may be asked in a number of different forms. It is essential, whatever the form of the question may be, that the answer can be stated definitely and concisely. If questions are worded in such a way that the student has opportunity to wander in a maze of words various subjective features may enter into the assignment of the mark. (It is difficult to be as mentally alert when marking the last papers as when marking the first.)

For the benefit of those who may not be familiar with them, some of the main types of questions suitable for objective tests are given. The examples which accompany each form are taken from an examination paper on a series of eight lectures in gynaecology and, in order to make the illustration clear, the answer is appended in each case; ordinarily these would be on a separate answer sheet or stencil.

Type One: Recall Tests

As the name implies, the student is required to recollect and write in the space allowed a word or phrase which will answer the question. The recall test may take many forms and some of these variations, with examples, are as follows:

(a) *A definition with a word or phrase as the answer.*

The term indicating a pregnancy developing in some location other than the normal intrauterine site is .....

Answer: ectopic pregnancy.

(b) *A statement with a single word or a phrase as the answer*:

The main symptom of a vesico-vaginal fistula is .....

Answer: constant loss of urine through vagina.

(c) *"Example" single answer tests*:

The substance oestrin and lutein, elaborated by the ovaries, are examples of .....

Answer: hormones

(d) *Partial enumeration*:

Irregular or excessive vaginal bleeding may be a sign of cancer. Three other signs and symptoms are .....

Answer: pain, vaginal discharge, urinary symptoms, swelling.

(e) *Complete enumeration*:

Three symptoms of abortion are: (1) ..... (2) ..... (3) .....

Answer: bleeding, crampy lower abdominal pain, expulsion of tissue usually with clots.

Type Two: Multiple Choice Tests

In these questions a number of answers are suggested and students are instructed to underline the correct answer. The different ways in which these may be presented are:

(a) *Direct question followed by several suggested answers*:

Laceration, which extends down through the perineum, and involves sphincter ani muscle and bowel, is a first ..... second ..... third ..... degree tear?

Answer: third degree.

(b) *Incomplete statement, followed by several terms to complete it*:

Tumours draw nourishment from: the tissues in which they occur ..... from a blood supply of their own .....

Answer: the former.

(c) *Plural multiple answer test: consists of one term followed by others, some of which are connected with it*:

Malignant tumours of the genital tract may occur on: vagina ..... uterus ..... cervix ..... ovary ..... Underline two most frequent sites.

Answer: uterus and ovary.

(d) *Make a statement and give choice of reasons; student to pick out the correct reason*:

Douches are not given to patients with puerperal infection because: (1) It may cause bleeding ..... (2) It may spread infection ..... (3) It may cause the patient discomfort .....

Answer: (2)

Type Three: Alternative Tests

This type calls for decision between two opposing considerations. These may take the form of (a) true-false tests, the statements being in declarative form. The student is instructed to cross out the F if the statement is true, or the T if the statement is false.

It is important to isolate patients with puerperal infection ..... T ..... F.

Answer: true.

(b) *Questions in interrogative form.*

Are malignant growths spread by invasion of adjacent tissues? (Student instructed to answer yes, or no.)

Answer: Yes.

Type Four: Completion Tests

The questions consist of partial statements, requiring one or more words to complete them.

A suitable form of treatment for gonorrhoeal urethritis and cervicitis after the acute stage is past, consists of (1) ..... applied to urethra once or twice each week, and a solution of (2) ..... as a douche, once or twice a day. After infection has localized in cervix, in from four to five weeks, the surgeon treats the area with (3) .....

Answer: (1) 50% silvol or 10% mercurochrome; (2) Potassium permanganate 1-4000; (3) Cautery.

A variation of this method is to make a number of incomplete statements and include an accompanying list of words from which the correct terms are to be selected. There must always be more words than there are statements and for ease in correcting, definite instructions are given as to where to place the answers.

Select the terms from the accompanying list which make each of the following definitions correct. Place the correct word on the left side of the statement.

(1).....Absence of menstruation.

(2).....Excessive bleeding at menstrual period.

(3).....Abnormal bleeding at other times than menstrual period.

(4).....Pain associated with menstrual period.

(5).....The correct term for "change of life".

(6).....The correct term for "milk leg".

Phlebitis, oligomenorrhoea, menorrhagia, vicarious menstruation, menopause, metrorrhagia, dysmenorrhoea, amenorrhoea.

Answer: (1) amenorrhoea; (2) menorrhagia; (3) metrorrhagia; (4) dysmenorrhoea; (5) menopause; (6) phlebitis.

Type Five: Incorrect Statement Test

Statements are made containing one or more mistakes. Student is instructed to stroke out the wrong term and to place correct word in a list at the side.

The true pelvis is *above* the pelvic brim.

Answer: The word "above" is stroked out and "below" is written at the side.

Type Six: Identification Test

This test consists of a picture or diagram, different features of which are to be identified. The student is given a drawing of the internal genitalia and a list of the parts, with letters or numbers to correspond may be furnished. In this case the student has to place the letters, which represent the parts, in the correct place on the diagram. Or the diagram alone may be used and instructions given to write in the names of the parts on the diagram.

Type Seven: Continuity Tests

A list of items given in random order. The student is asked to arrange the items in relative order.

The following symptoms are associated with cervical cancer. Indicate by numbers, 1, 2, 3, placed on the left side of the terms, the usual order in which three of the earliest symptoms occur: Loss of weight ..... irregular bleeding ..... pain ..... Malaise ..... foul-smelling vaginal discharge .....

Answer: First, irregular bleeding; second, foul-smelling vaginal discharge; third, may be any one of the other symptoms listed.

Making up the paper

Having considered some of the ways in which the questions may be asked the next problem is to make up the examination paper. The following suggestions are submitted as a practical method by which this may be done:

Draw up table of specifications with reference to lecture number, topic and key. Indicate approximate percentage of items to come from each lecture.

Ask oneself how many good questions can be made under each of these topics? Remember that 50—70 items take about one hour to answer, depending on the degree of difficulty. In framing the preliminary test items, try to make from 25 to 50 percent more items than are likely to be needed. This allows for culling.

Cover the field thoroughly. It is sometimes easier to write out statements first and then to change them into questions.

Decide which "types", (true-false, multiple choice, etc.) are best suited to the questions. It has been found by educators that different types have about the same degree of validity, reliability and objectivity.

It saves time to have each question on a separate piece of paper, with the answer written in. These can then be adjusted according to type and finally copied.

Be sure that all questions may be marked objectively.

A supervisor preparing an examination based on eight lectures in gynaecology might first make a general outline, similar to that which is shown in the accompanying table.

Using the lectures as a basis, the supervisor then prepares as many worthwhile objective questions (including the answers) as she can, using the "types" which seem most suitable. Sufficient space must be left between these items so that the page may be cut up into individual questions. Each question has the "key" letter on it. This means that all questions on lecture one would have "A" in the margin, and so on. This device is of assistance in culling. The next step is to decide on the approximate percentage of items to be allowed for each topic and then to cull out the extra questions. For example, if the percentage of questions to come from "A" is 15%, and from "E" is 10%, and it is found that there are more "E" than "A" questions, "E" questions are eliminated until the proportion is approximately two-thirds that of "A". The accepted questions are then arranged on the examination paper according to the types to which they belong. A stencil for marking is prepared at the same time.

The following points should be remembered when building a new type examination:

Explicit directions should be given the students as to where to place the answers. Questions should be so arranged that there is no regular sequence of "true" or "false".

Number of lecture	*Topic of lecture*	*Key*	*Approximate percentage of items*
One	Anatomy and physiology of female reproductive system	A	
Two	Disorders of menstruation	B	
Three	Obstetrical injuries: malposition of uterus	C	
Four	Benign tumours of reproductive organs	D	
Five	Malignant tumours of reproductive organs	E	
Six	Inflammatory diseases	F	
Seven	Non-puerperal infections	G	
Eight	Abortion, ectopic gestation	H	

Wording of statements should be such that correct answers are not too evident and incorrect ones not too absurd.

The types of tests used (multiple choice, completion, etc.) should be varied. The examiner should consider the question from the point of view of the student who does not already know the answer.

On first consideration, this may appear a too formidable task and it is true that making up such a paper requires considerable time. One compensating feature is, however, that when such a paper has been carefully prepared, it may be used over a period of time, with such slight modifications as may be necessary. Another bright aspect is the great amount of time saved by not having to mark essay type papers. Whether you like these suggestions or not, let us be alive to the need for improvement. By actual trial of different methods we may be able to evolve more satisfactory and more scientific means of measuring the progress of our student nurses.

THE INSTITUTE AT McGILL

One hundred and eleven registrants, lively and instructive sessions, and a genial atmosphere of friendly understanding contributed to make the recent Institute held under the auspices of the McGill School for Graduate Nurses a most outstanding success.

A particularly significant feature was that, in order to participate, directors of nursing, instructors, supervisors and public health nurses came from distant as well as neighbouring cities. Ottawa led with seven representatives, Halifax had four and Saint John had three. One

came from Spring Hill, N.S., another from St. Stephen, N.B., a third from Cornwall, Ont. The city of Quebec was represented and so was Ste. Agathe. The Montreal nurses came early, and stayed late.

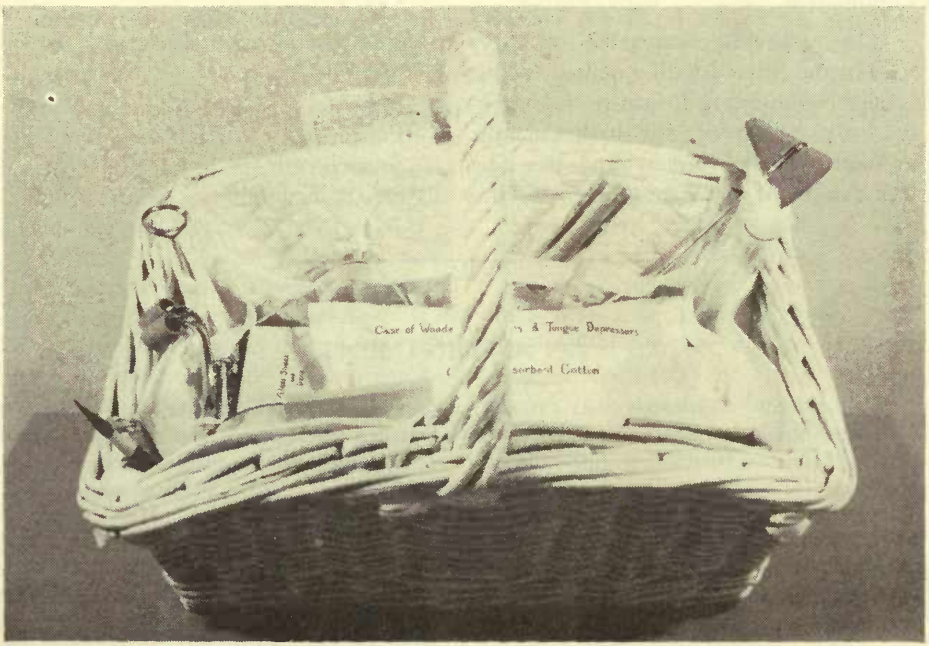
Once more, the McGill School for Graduate Nurses has demonstrated the rich potentialities which it possesses as a centre of nursing education. Its director, Miss Marion Lindeburgh, and her associate, Miss Mathewson must have felt well repaid for the time and effort they had so generously expended on the organization and direction of the enterprize. Splendid co-operation was given by the Schools of Nursing of the Montreal General Hospital and the Royal Victoria Hospital as well as by the staff of the Neurological Institute. The demonstrations of clinical instruction and of advanced nursing procedures given by these institutions were of exceptional interest and practical value and as examples of dramatic teaching, were particularly outstanding.

A Practical Device

E. Gertrude Ferguson

Instructor of Nursing, Ottawa Civic Hospital

As a time and energy saving device for assisting the doctor with a physical examination, the medical basket here illustrated has been found very satisfactory at the Ottawa Civic Hospital. It is compact, easily handled and contains all



Contents of basket

the equipment necessary for a routine examination.

The basket is constructed of heavy wicker and is lined with a quilted, white, washable lining, tied firmly and unobtrusively, which fits the basket neatly. A piece of tape runs around the sides halfway down and is stitched to the lining at intervals. This serves as a rack to hold the instruments in place in an upright position, thus eliminating any searching among the other contents of the basket. The contents are as follows:

Instruments

Metal tongue depressor
Mouth gag
Laryngeal mirror
Nasal speculum
Aural specula (3 in case)
Metal applicator
Tuning fork
Ryles hammer.

Supplies

Flash light
Head mirror
Wooden applicators, in a cotton case
Tongue depressors, in a cotton case
Gauze handkerchiefs, in a cotton case
Absorbent cotton, in a cotton case
Coins and lens
Glass slides
Stoppered test tubes for hot and cold water
Metal tape measure
Red flannel nightingale
Note book
Pencil
Paper bag
Scratch pad
Skin pencil.

AN APPOINTMENT

Miss Norena Mackenzie has recently been appointed superintendent of nurses at Jeffrey Hale's Hospital, Quebec. Miss Mackenzie is a graduate of the School of Nursing of the Montreal General Hospital and has also taken post-graduate work in teaching at the McGill School for Graduate Nurses. For eight years Miss Mackenzie was a member of the teaching staff of her own School and, during that time, was awarded the Mildred Hope Forbes Memorial scholarship which enabled her to study methods of nursing in England. Prior to her latest appointment, Miss Mackenzie served as a member of the teaching staff in the School of Nursing of the Hospital for Sick Children, Toronto and is exceptionally well prepared for her new task.

How to make a Home Visit

MARION LAUDER

Staff member, Nursing Service, Metropolitan Life Insurance Company

The response to instruction depends to great extent upon the approach to the family. To quote from the *Metropolitan Nurses Manual*: "The nurse's approach to the home and the impressions which she makes during the initial visit determine the family's attitude towards her and the nursing service. She should enter every home with courtesy and professional dignity, introducing herself by name, explaining the reason for her visit and by whom she was sent. She should make every effort to put the family at ease, by her sympathetic interest in the situation in the home."

Since the illness of one member of a family inevitably affects the entire household and, in like manner, the family situation has a vital effect on the individual patient, the nurse must consider the other members who make up the family as a unit. This may involve making a study and a record of the family from such aspects as home environment and resources, mental ability and family relationships. The health problem is dependent on heredity and environment, and the interaction of one to the other. As a result, or as a cause of illness, social and economic problems present themselves such as unemployment, inadequate salaries with resulting poverty, poor housing, insufficient food supply and lack of recreational facilities. These factors play a predominant part in the recovery of the patient. Here the nurse has an opportunity of making intelligent use of community resources such as the various clinics and health departments, employment agencies, welfare bureaus, parent education groups and neighbourhood workers associations.

The ultimate responsibility for taking measures necessary to attain health rests of course upon the family itself, and progress is made only as this responsibility is accepted and acted upon by the family. We are sometimes so intent on remedying a special situation that the "family concept" is in danger of being displaced by the individual "case". Why should this be, if the family is the unit of service? The truth is that the meaning of family health is not so clearly defined in our minds as the technique of giving a bath, or the demonstration of a formula and for a very good reason. These procedures resolve themselves into definite steps, while family health is never the same in any two instances. Therefore the nurse must be able to recognize and understand the different attitudes of patients and families toward sickness and health, and toward doctors, nurses and social workers.

Unless a friendly contact is made there can be no useful communication between nurse, patient, and family because the relationship which grows up between them is the medium which carries the teaching. It has been said that the important thing to remember in interviewing is the gradual approach to

the centre of a person's life, the development of rapport and identification, and an understanding of the technic of mental release — a person is always withholding something, sometimes a great deal, but always something. The successful interviewer is measured by the degree to which the person interviewed can be stimulated to tell naturally about himself.

If the individual or family does not immediately respond to our friendliness we find it hard to maintain an objective attitude. The important thing is not to be concerned at unfriendliness, but to accept the situation calmly and to feel around for some common ground upon which our relationships may be pleasantly established. Degrees of rapport may be considered as follows:

The stage of friendly belief.

The stage of personal trust.

A deeper stage of personal trust called personality contact. In this state the patient likes the nurse and wants to be understood by her.

The stage of dependent attachment. This should not be reached by the nurse.

We must be able to handle rapport, and this all depends on the nurses' ability to be objective. Objectivity may be defined as the capacity to deal with a situation, or with another person, without allowing one's judgement to become distorted by one's emotions. It is a constructive force in everyday living. We must first work with problems which concern the patient or his family. Can we honestly say that no matter what the original purpose of our visit is, our responsibility has always been the *total* health of the family, and that the visit classification has meant merely the occasion which precipitated the opportunity for service to the family? In other words, do we not agree that the goal is always the same, even though emphasis must be shifted as occasion demands?

To illustrate this point, let us analyze a prenatal visit to the home. Obviously special attention will be given to the prevention of the hazards of maternity by medical supervision — problems that may have a distinct relationship not only to the health of the prenatal patient, but to the individual, the family and the community. Who can prove the relative importance to society of prenatal care, as against attention to the grandmother with a chronic fibroid tuberculosis that is masquerading as a chronic winter cough? Defective tonsils or adenoids in a malnourished pre-school child who has not been immunized against diphtheria, malnutrition in the adolescent school girl, or delinquency in the adolescent boy with a heart lesion — all have social significance. Moreover, who can say that good prenatal nursing has been done when the nurse has not surveyed the family situation, in order to elicit each of these health and social problems which are lowering the efficiency of its members, individually and collectively. The nurse should accept the same responsibility for the solution of these problems as she does for the prenatal service. Indeed, the name under which the visit is actually classified, may describe the least important service rendered on that visit.

Teaching is the art of helping the patient or family to help themselves. It is based on a sympathetic understanding of the needs of the person being taught, a spirit of comradeship, the ability to see difficulties and problems from the family's point of view, and the ability to recognize individual differences. The really successful public health teacher is the one who in addition to knowledge of her profession understands human nature. She must recognize the fact that during illness, well established habits and systems, not only of the patient but of the family, tend to be de-

moralized. Individual differences must be considered, she must learn to recognize different types of personalities, she must keep in mind that no two individuals react in exactly the same way to the same situation. Knowledge of the home environment, social position and general education of a patient should help her to comprehend why certain situations which some patients failed to notice, may annoy others. To realize how greatly people differ should cause the nurse to greet each patient as new and fascinating, not just as another "case". There should be, in addition, some understanding of the forces which determine behaviour trends. Anything which can be shown to influence the adjustment process is termed a motive. The power of strong motivation has appeared where patients have overcome the handicaps of poor health. Many a brilliant career in art, science and business has been possible only because the desire to get well has enabled the tuberculous patient to overcome the obstacles of poor health. Social restrictions and inhibitions have been imposed on our biological motives, appetites, attitudes and emotions. During illness these restrictions or barriers are often let down and the biological motives again become dominant, due, no doubt, to the various abnormal stimuli which irritate the patient. The nurse must recognize and seek to eliminate the type of stimuli which are annoying during illness, and to substitute those which are not annoying but which tend to stimulate motivation.

In order to utilize the best methods of instruction the Laws of Learning must be observed:

The law of readiness or mind set: when ready to act, to act is satisfying; when not ready to act, to act is annoying The patient and the family must be in a receptive mood before knowledge will be absorbed.

The law of exercise: when a given stimulus has been connected with a definite response a sufficient number of times, it tends to arouse that response in preference to any other response. This reaction is influenced by the following factors:

(a) Primacy: first impressions tend to be lasting, therefore, they must be correct. This can only be accomplished by frequent reviewing of manual techniques.

(b) Intensity or vividness: tell your story clearly. Illustrate it, if possible, with pictures.

(c) Frequency and recency: practice, but only with improvement, makes perfect. A good demonstration should be given, followed as soon as possible by an opportunity for practice and supervision.

The law of effect: that reaction tends to be repeated which is accompanied, or is immediately followed by, a satisfying state of affairs. That reaction tends to be inhibited which is accompanied or immediaely followed by an annoying state of affairs. If there is a happy relationship between the nurse and the member of the family being taught, then the principle of effect is being used. Provide the most pleasant environment possible under the circumstances. It is important also to give praise to an activity well accomplished. The methods of teaching depend also upon the person being taught.

Discussion: by this method problems are recognized and defined.

Telling or narrative method: is frequently a means of getting the desired mental attitude and of providing a motive.

Questions and answers: this method helps the nurse to know the needs and helps the members of the family to satisfy their needs. The nurse, too, learns where she has failed. She must learn to listen to replies and not be an incessant talker. This questioning method is particularly valuable following a demonstration, and on second or later visits.

Demonstration: the senses of sight and hearing and muscle sense are all utilized, therefore learning is improved. Every element entering into a demonstration should be made clear to the one being taught.

The final measure of the nurse's success is undoubtedly her ability to make her message clear and to do it so persuasively, or with such skill in teaching, that the desired measures will not only be understood but put into practice. Above all, and no matter what method of teaching is employed, the nurse must believe in the need for, and in the substance of, her teaching. She must be convinced that her teaching will help the family along the way to a wiser facing of difficult situations, and will lead them to secure and maintain health — that quality of life that renders the individual fit to live most and to serve best.

Halifax, July, 1938

Great preparations are being made in Halifax for the coming Biennial Meeting of the Canadian Nurses Association and one of the most active workers is Miss Marion Haliburton, president of the Registered Nurses Association of Nova Scotia. A member of a distinguished literary family, Miss Haliburton's letters have a distinctive originality and charm. Since she has been kind enough to give the necessary permission, we are going to quote from them:

Haligonians have not as yet been inoculated with the virus of rush and hurry but we are plannig to have an information booth, or desk, or whatever you wish to call it. It will have a telephone and everything. Even some fairly intelligent people in charge. All sorts of tourist information, maps, bus routes and fares. Girl Guides have been promised, also Sea Cadets to do errands, and tell people how to get places. When I am away from home, I like to be told where to go and how to get there. Where to get my hair cut, or a postage stamp of good quality, or a reasonably cheap picture or souvenir to take back with me. While on a holiday I like to be directed, because when I work, giving directions and advice and finding out things is part of my job. *On a holiday, I know nothing about nothing.*

Club privileges have been secured at the Waegwoltic for visiting nurses. Waegwoltic is an Indian name meaning "end of the water", the name the Indians gave to the Northwest Arm of our beautiful harbour. Of course you have guessed by now that the Waegwoltic is a club for bathing, boating, and tea-ing. It is a beautiful place to go after a busy day and is just a short distance from the car line; in fact we can arrange to have a bus, if desired. All who like salt water bathing had better bring along a bathing suit. Salt water is a bit more wet than fresh water but is easier to swim in, and though often quite cold, invigorates and rests one.

By way of conclusion, Miss Haliburton says that we take life far too seriously. "Nurses do not seem to like to laugh but would rather 'effich,' that is, act in an efficient manner". It looks as though it will do us all good to go to Halifax!

Notes From the National Office

Contributed by JEAN S. WILSON,
Executive Secretary, The Canadian Nurses Association

Tentative Programme

The tentative programme for the next General Meeting of the Canadian Nurses Association is published on the following pages. This meeting, which is the nineteenth convention of the National Organisation, is to be held in The Nova Scotian Hotel, Halifax, from July 4 to 9, 1938.

Recently the President, who is convener of the Programme Committee, secured the consent of Miss Effie Taylor to be the guest of Canadian nurses during the week in Halifax. Miss Taylor is Dean of the School of Nursing, Yale University, and President of the International Council of Nurses. Miss Taylor is to give an address on Friday evening, July 8. She has selected as the title of her address: "Nursing, a Profession and a Service".

Detailed announcements concerning the General Meeting have been published in previous issues of the *Journal*. To assist in ready reference to those announcements, the ensuing statement is made: *January number*: *Notes from the National Office*, pages 33 and 34; *February number*: "Halifax, July, 1938", pages 65 to 68; *Report of the Committee on Dominion Registration for Nurses*, pages 85 to 92; *Community Nursing Service Bureau*, pages 93 to 96. *March number*: *Down by the Sea*, pages 119 to 124; *Hotel accommodation and rates*, page 147.

A perusal of the tentative programme and anticipation of all that a visit to Nova Scotia suggests will no doubt cause numbers of nurses to decide upon attending the forthcoming meeting. The securing of early reservations for accommodation while in Halifax is urged.

Transportation

It has been learned that nurses residing west of Fort William will find the regular summer tourist rates, offered by both transcontinental railway companies, most satisfactory. The attention of nurses living in Fort William and east thereof is drawn to a twenty-one day rate which is in operation during the summer. Those who must limit their trip to Halifax to three weeks or less will find this rate advantageous.

An Important Announcement

At a meeting of the Executive Committee of the Canadian Nurses Association held on March 5, in Regina, Saskatchewan, the report of the Joint Advisory Committee on Community Nursing Service Bureaux of the Canadian Nurses Association and the Victorian Order of Nurses was presented and accepted. The report indicated that Moose Jaw, Saskatchewan, had been chosen as the centre in which the experiment in a community nursing service bureau is to be made. A resumé of the development of plans for this experiment was published in the February number of the *Journal*, pages 93-96.

Nightingale Memorial Fund

Further contributions to the Florence Nightingale Memorial Fund have been received as follows:

Alberta

Public Health Section, Alberta Association of Registered Nurses	$10.00
Graduate Staff, Royal Alexandra Hospital, Edmonton	10.00
"Interested Married Nurses", Edmonton	26.00
Nursing Staff, Provincial Mental Hospital, Ponoka	11.00

British Columbia

St. Joseph's General Hospital, Comox	5.00
St. Mary's Hospital, Dawson	2.00
Provincial Mental Hospital, Essondale	18.00

Nova Scotia

A. A. Children's Hospital, Halifax	5.00
Halifax Branch, Victorian Order of Nurses	2.00
St. Elizabeth's Guild	5.00
Students and Graduate Staff, Victoria General Hospital, Halifax	18.00
Cape Breton and Victoria Branch, Registered Nurses Association of Nova Scotia	10.00
A. A. Glace Bay General Hospital	5.00

Ontario

A.A., Brantford General Hospital	15.00
A.A., Public General Hospital, Chatham	10.00
Staff Nurses, Fort William Sanatorium	5.00
A.A., Hamilton General Hospital	15.00
Isabel Hampton Chapter, I.O.D.E., London	5.00
Staff, Ontario Hospital, London	5.00
Edith Cavell Association, London	5.00
A.A., St. Andrew's Hospital, Midland	5.00
A.A., Niagara Falls General Hospital	5.00
A.A., Ottawa General Hospital	25.00
A.A., St. Luke's Hospial, Ottawa	10.00
A.A., General and Marine Hospital, Owen Sound	10.00
A.A., General Hospital, Port Arthur	1.00
Graduate Nurses Association, St. Catherines	5.00
A.A., Hospital for Sick Children, Toronto	25.00
A.A. Toronto Western Hospital	50.00
Ontario Division, Canadian Red Cross Society	25.00
A.A., University of Toronto School of Nursing	10.00

Quebec

A.A., Royal Victoria Hospital, Montreal	50.00

Saskatchewan

Staff Nurses, Regina General Hospital	6.50

Hotel Accommodation in Halifax

The convener of the sub-committee on housing of the Arangements Committee for the General Meeting in Halifax has submitted the following information concerning hotels and guest houses. The rates quoted are per diem, except when otherwise stated. The prefix "S" means single room; the prefix "D" means double room.

The Nova Scotian Hotel and the Lord Nelson Hotel: S, $3.00; D, $2.50; three in a room, $2.00 each person. All rooms have connecting baths.

The Queen Hotel and the Halifax Hotel: *American plan*: S, $3.00; D, $6.00; with bath, S, $3.50; D, $7.00; *European plan*: S, $1.50; D, $3.00; with bath, S, $2.00; D, $4.00.

The Grosvenor Hotel, Hollis St., $1.00 per person. Restaurant across street. Waverly House, 274 Barrington St., $3.00 per day with meals. Rooms with running water: $2.00. Meals at 50 cents each.

Hillside Hall, 21 South St., $14.00 per week with meals. The Alexander Annex, $3.00 per day; without meals, $1.00 per day.

All these hotels are within a short distance of The Nova Scotian Hotel, headquarters for the General Meeting.

THE CANADIAN NURSES ASSOCIATION
BIENNIAL MEETING

July 4-9, 1938
Nova Scotian Hotel, Halifax,
Nova Scotia

TENTATIVE PROGRAMME

Sunday — July 3

7.00 p.m., Church Services:

Old Saint Paul's Anglican Church—The Venerable T. W. Savary, D.D., Archdeacon of Halifax, *and* the Reverend A. Stanley Walker, M.A., President, King's College, Halifax.

Saint Mary's Cathedral—Sermon and Benediction—Reverend Father William Burns, Spiritual Director, Saint Elizabeth's Guild.

Monday — July 4

9.00 a.m. Section Executive Committee Meetings: *Nursing Education; Public Health; Private Duty.*

11.00 a.m. Special Committee meetings, as may be arranged.

1.30 p.m. Registration.

2.00 p.m. Meeting of the Executive Committee of the Canadian Nurses Association.

6.00 Supper, given in honour of the members of the Executive Committee of the Canadian Nurses Association by the Executive Committee of the Registered Nurses Association of Nova Scotia.

8.00 Meeting of the Executive Committee of the Canadian Nurses Association.

Tuesday — July 5

GENERAL SESSION, 9.30 A.M.

8.00-9.30 a.m. Registration.

9.30-10.15 Invocation: Reverend Dr. J. A. MacKeigan, St. Andrew's Church, Halifax.

Reading of Minutes of Biennial Meeting, 1936.

Report of Honorary Secretary.

Report of Honorary Treasurer.

Report of Executive Secretary.

Correspondence.

10.15-12.15 Reports of Standing Committees, with discussion:

(1) Publications Committee: Miss Florence H. M. Emory.

(2) Arrangements Committee: Miss Marion Haliburton.

(3) Programme Committee: Miss Ruby M. Simpson.

Formal presentation of resolutions from the Executive Committee and the Provincial Associations.

Appointment of Resolutions Committee. Appointment of scrutineers, with instruction regarding ballots. Appointment of press representatives.

Roll call of federated Associations.

The International Council of Nurses: Formal report of Quadrennial Congress, London, 1937, Miss Ruby M. Simpson.

Announcements.

12.15 Adjourn to view exhibits.

GENERAL SESSION, 2.00 P.M.

2.00-3.15 p.m. Reports of Special Committees, with discussion:

(1) *Joint Study Committee, Canadian Medical Association and Canadian Nurses Association*: Miss Nettie D. Fidler.

(2) *National Enrolment*: Miss Isobel McEwen.
(3) *Scholarship Award, Florence Nightingale International Foundation*: Miss Marion Lindeburgh.
(4) *Mary Agnes Snively Memorial*: Miss E. MacP. Dickson.
(5) *Budget*: Miss Margaret Murdoch.
(6) *Legislation*: Miss Jean E. Browne.
(7) *Curriculum for nurses-in-training in Mental Hospitals*: Miss Nettie D. Fidler.
(8) *Exchange of Nurses*: Miss Jean E. Browne.
(9) *Formation of Religious Guilds*: Miss Margaret Moag.
(10) *Use of figure of nurse in commercial advertising*: Miss Margaret Kerr.
(11) *Health Insurance*: Miss Jean I. Gunn.

3.15-3.30 Presidential Address.

3.30-4.30 *Community Nursing Service Bureaux*: (1) Report of the Committee of the Canadian Nurses Association: Miss Ruby M. Simpson. (2) Report of the Joint Advisory Committee of the Victorian Order of Nurses and the Canadian Nurses Association: Miss Jean I. Gunn. (3) Discussion.

4.30 Adjourn to view exhibits.

General Session, 7.00 p.m.

7.00 p.m. *Dinner Session*: Chairman, Miss Marion Haliburton, President, Registered Nurses Association of Nova Scotia.

Addresses of Welcome: The Honorable Angus L. Macdonald, Premier of Nova Scotia; His Worship, the Mayor of Halifax, Mr. Walter Mitchell; Dr. Allister Calder, President, the Nova Scotia Medical Association; Miss Marion Haliburton, President, the Registered Nurses Association of Nova Scotia.

Response to Addresses of Welcome: Miss Ruby M. Simpson, President, The Canadian Nurses Association.

Address: "Educating the Masses", The Reverend M. M. Coady, Ph.D., D.D., Director, Extension Department, Saint Francis Xavier University.

Wednesday — July 6

General Session, 9.30 a.m.

9.30-10.00 a.m. *Dominion Registration of Nurses*: Report of the Committee, Miss E. MacPherson Dickson.

10.00-12.00 General discussion.

12.00 Adjourn to view exhibits.

General Session, 2.00 p.m.

2.00-3.30 p.m. *The Canadian Nurse*: (1) Report of the editor and business manager. (2) Recommendations regarding future policy. (3) Discussion.

3.30-4.45 *The Florence Nightingale International Foundation*: (1) Report of the Canadian Florence Nightingale Memorial Committee, Miss Grace M. Fairley. (2) Report of the Florence Nightingale Memorial Committee of the Canadian Nurses Association, Miss Grace M. Fairley. (3) *The Foundation*: (a) The Course: Miss Gladys Sharpe, Scholarship Student, Canadian Nurses Association, 1935-36. (b) Financial Aspects, Miss Jean I. Gunn. (4) Discussion. (5) Presentation of resolutions.

4.45 Adjourn to view exhibits.

The evening has been reserved for Alumnae Association functions.

Thursday — July 7

General Session, 9.00 a.m.

9.00-9.30 a.m. *Progress Report of the Curriculum Committee of the Nursing Education Section*: Miss Marion Lindeburgh.

9.30-10.45 *Symposium on the Application of the Curriculum*:

(1) Our Philosophy: Miss E. Kathleen Russell, director, School of Nursing, University of Toronto.
(2) Administration: Miss Jean I. Gunn, superintendent of nurses, Toronto General Hospital
(3) Classroom and clinical experience: Miss Anne S. Cavers, Teaching Department, Vancouver General Hospital.
(4) Integration of health and community aspects: Miss Esther Lewis, health adviser, Montreal General Hospital.

10.45-11.30 Discussion.

11.30 *Address*: "The Proposed Curriculum in use—the story of a very young School", Miss E. Kathleen Russell, Director, School of Nursing, University of Toronto.

12.00 Adjourn to view exhibits.

CONCURRENT MEETINGS OF SECTIONS, 2.30 P.M.

Nursing Education Section: *Business Meeting.*

Chairman: Miss Marion Lindeburgh.

2.30 p.m. Reading of Minutes. Chairman's Address. Report of treasurer. Report of Committee on Instruction.

Reports of Provincial Sections on Nursing Education:

Alberta: Miss Helen Peters.
British Columbia: Miss Anne Cavers.
Manitoba: Miss Florence Roach.
New Brunswick: Rev. Sister Corinne Kerr.
Nova Scotia: Miss Eleanor Grew.
Ontario: Miss R. M. Beamish.
Prince Edward Island: Miss Anna Mair.
Quebec: Miss M. Batson.
Saskatchewan: Miss Edith Amas.

Appointment of Resolutions Committee. Appointment of scrutineers. Business previously referred to Provincial Sections. New business. Election of officers.

Public Health Section: *Business Meeting.*

Chairman: Miss Anna E. Wells.

2.30 p.m. Reading of Minutes. Chairman's address. Report of secretary-treasurer. Correspondence. Reports of Committees. Reports of Provincial Sections on Public Health: (a) Activities in Public Health Sections. (b) Developments in public health nursing:

Alberta: Miss Rae Chittick.
British Columbia: Miss Margaret Kerr.
Manitoba: Miss A. A. McKee.
New Brunswick: Miss A. Burns.
Nova Scotia: Miss Anne Slattery.
Ontario: Miss Mildred Walker.
Prince Edward Island: Miss Ina Gillan.
Quebec: Miss Anne Peverley.
Saskatchewan: Miss Ann Morton.

Appointment of Resolutions Committee: Appointment of scrutineers. Unfinished business. Election of officers. New business.

Private Duty Section: *Business Meeting.*

Chairman: Miss Jean Church.

2.30 p.m. Reading of minutes. Chairman's address. Report of secretary-treasurer. Correspondence. Roll call of Provinces. Reports of Standing Committees: (1) Education; (2) Nominations. Summary of reports of Private Duty Sections of Provincial Associations. Appointment of Resolutions Committee. Appointment of scrutineers. Unfinished business. Election of officers. New business.

5.00 p.m. *A sail on Halifax Harbour, as guests of the Registered Nurses Association of Nova Scotia, has been arranged.*

Friday — July 8

GENERAL SESSION, 9.00 A.M.

9.00-10.15 a.m. *Reports of the Provincial Associations, followed by discussion*:

Alberta: Miss Kate S. Brighty.
British Columbia: Miss Grace M. Fairley.
Manitoba: Miss Edith McDowell.
New Brunswick: Mrs. G. E. Van Dorsser.
Nova Scotia: Miss Marion Haliburton.
Ontario: Miss Ethel Cryderman.
Prince Edward Island: Rev. Sister Stanislaus.
Quebec: Miss Margaret Moag.
Saskatchewan: Miss Annie F. Lawrie.

10.15-11.00 Reports of Sections for the 1936-1938 period, followed by discussion: Nursing Education, Miss Marion Lindeburgh; Private Duty, Miss Jean Church; Public Health, Miss Anna E. Wells.

11.00-12.00 Unfinished business: Decision regarding Dominion Registration of Nurses.

12.00 Adjourn to view exhibits.

The Northumberland Strait, Pictou, N. S.

Courtesy of Canadian National Railways

GENERAL SESSION, 2.30 P.M.

2.30 p.m. *Economic Security for Nurses*: (1) Pension plans for nurses in other countries, Miss Kathleen W. Ellis; (2) Savings and pension plans through (a) Canadian Government Annuities: speaker to be announced later; (b) Insurance Companies: Mr. A. Gordon Nairn, Field Supervisor, The Life Underwriters Association of Canada; (3) Implications of a plan for pensions for nurses through the Canadian Nurses Association: Miss Jean S. Wilson.

GENERAL SESSION, 7.30 P.M.

Chairman: Miss Ruby M. Simpson, President, Canadian Nurses Association.

7.30 p.m. *Organ music*

8.00 *Address*: "The Future of Nursing", Dr. H. B. Atlee, Halifax. *The Presentation Ceremony,* The Mary Agnes Snively Memorial: *Address,* "Mary Agnes Snively, The Founder of the Canadian Nurses Association", Miss Ruby M. Simpson, President, Canadian Nurses Association.

Presentation of the Mary Agnes Snively Medals.

Address: "Nursing—a Profession and a Service", Miss Effie J. Taylor, Dean of the School of Nursing, Yale University, and President of the International Council of Nurses.

10.00 The Halifax Chapter of the Registered Nurses Association of Nova Scotia will entertain at a reception and buffet supper to be held at the Nova Scotian Hotel.

Saturday — July 9

GENERAL SESSION, 9.00 A.M.

9.00-11.00 a.m. Report of Resolutions Committee, including resolutions from Sections.

11.00-12.00 Unfinished business. New business. Report of scrutineers. Reception of new officers. Adjournment.

2.00-4.00 p.m. Meeting of the Executive Committee of the Canadian Nurses Association.

4.00 *Tea at the Nova Scotia Hospital, Dartmouth, as the guests of the Government of Nova Scotia.*

A NOTABLE APPOINTMENT

In the Province of Alberta, since 1932, the inspection of schools of nursing has been conducted by a committee appointed by the Senate of the University of Alberta, with representation from the Alberta Association of Registered Nurses, the University and the Faculty of Medicine. Until her retirement in 1936, Miss Eleanor McPhedran was the Association's representative on this Committee.

The Registered Nurses Association of Alberta is now happy to announce the appointment to the inspection of schools of nursing committee of Miss Agnes Macleod, M.A., B.Sc.N., Director of the University of Alberta School of Nursing. The University has approved this appointment and is allowing the Association to use the services of Miss MacLeod to extend the work of the committee by making an individual survey of the schools of nursing throughout the province. This additional service will be financed by, and will be the responsibility of the Association for a one-year period.

Miss MacLeod received the degree of Bachelor of Arts and Nursing from the University of Alberta, and that of Master of Arts from Columbia University, New York. Miss MacLeod has had a varied experience in the field of nursing in Alberta, having served successfully as instructor at the University of Alberta Hospital and on the staff of the Lamont Public Hospital as well as with the travelling clinic. For five years she was instructor in the School of Nursing of the Vancouver General Hospital. Last summer, prior to taking up her duties at the University of Alberta, Miss MacLeod visited educational centres in Seattle, New Haven, New York, Montreal and Toronto. The nursing field in Alberta is indeed fortunate in having such an outstanding educator return to her native Province.

MISS DUPUIS RETIRES

Greatly to the regret of her associates, Miss Herminie Dupuis, supervisor of prenatal nursing and medical cases for the Metropolitan Nursing Service in Montreal, has decided to retire.

By way of preparing herself for public health work, she first studied at the Maternity Centre Association in New York and at the Baby Welfare Station. The purpose of these studies was to help her in teaching prenatal and baby hygiene. Infantile mortality in 1921 was excessively high in the Province of Quebec and this led the Metropolitan Life Insurance Company, through the late Dr. Lee K. Frankel, to try to show that the rate could be lowered if adequate steps were taken. Dr. Frankel took up the question with the Archbishop of Quebec who suggested the city of Thetford Mines as a centre for a demonstration. At that time, the infantile mortality in this city was three hundred out of every thousand births. "L'Ecole Maternelle" of Thetford Mines was founded in April, 1921 with a personnel of three nurses, Misses Alice Ahern, Herminie Dupuis and Gabrielle Dandurand. Splendid work was accomplished and the results were astonishing, infantile mortality being lowered to 96.5 per 1000 by July 1, 1923. Miss Ahern was later given charge of a larger area and Miss Dupuis was named directeur of "L'Ecole Maternelle" where she

continued the demonstration until July, 1924, by which time the infantile mortality was reduced to 86 per 1000 live births.

In 1924, the Director of the Provincial Bureau of Health asked the Metropolitan Life Insurance Company for someone to help organize a Baby Welfare Station in Quebec and Miss Dupuis was loaned for four months to do this work. During this time it was decided to organize a School of Public Health Nursing at the University of Montreal; Miss Dupuis was chosen as first assistant to Miss E. B. Hurley, director of the School, and was sent to New Haven, Connecticut, to study the work of the Visiting Nurses Association in that city. After holding this position for a year, she took over the supervision of pre-natal nursing and instruction of nurses for the Metropolitan Life Insurance Company in Montreal. Under her efficient direction, great progress was made, especially in connection with pre-natal care. Miss Dupuis carries with her into retirement the best wishes of her colleagues and other friends.

Marie E. Cantin.

Muscle Control in Pregnancy

Miss Cora C. Tretheway, formerly a member of the obstetrical nursing staff of the Vancouver General Hospital and who is now in London, has been kind enough to describe an interesting demonstration which she attended during the recent Congress of the International Council of Nurses.

This demonstration was conducted by Miss M. Randell of the department of physiotherapy of St. Thomas's Hospital, London, and showed exercises and instruction given to expectant mothers. Miss Randell spoke first of training the mother to know what she must expect (as well as what is expected of her) during her pregnancy and confinement. It is impressed upon her that childbearing is a normal function, and that it is her muscular feat that will carry her through, with the assistance of the doctor or midwife in the later stages.

The following charts are used to give the patient some knowledge of the physiology of pregnancy:

Chart One: a section showing the normal uterus.

Chart Two: illustrates a full-term uterus, with the circular and longitudinal muscles. This is used to demonstrate the contraction and relaxation of the uterine muscles.

Chart Three: illustrates the full-term child in utero, showing the placenta with membranes intact and the cervix fully dilated. This chart emphasizes nature's protection of the mother and child by the membrane and the adaptability of the child to the anatomy of the pelvis.

Chart Four: is similar to *Chart Three*, but with the child in the breech position. These charts are vivid in colour with no disagreeable detail, and make an attractive picture rather than something to be feared.

With the aid of these illustrations and a few explanations, the expectant mother, particularly the primipara, is made to feel more interested in the development of her child and to think less of her confinement as a dreadful ordeal. She gradually comes to realize that she is actually accomplishing something herself and thus gains self-reliance.

A group of gentle exercises, bringing into play all parts of the body was demonstrated to gramaphone records. The first exercise consists of deep breathing, the patient lying on her back with knees flexed and feet resting on the floor or bed. Slow, quiet, deep breathing to pro-

duce a restful effect is gradually increased to five minutes of deep breathing twice a day.

The patient is then instructed in a progression of exercises designed to contract and relax the muscles of the abdominal wall, the pelvic floor, the thighs, knees and feet, care being taken that the exercises are modified to suit the needs of the individual patient. Exercises are also given to produce flexibility of the spine in order to overcome the discomfort caused by the size of the growing foetus. Miss Randell emphasized the necessity of correct posture to strengthen the back and thus enable the patient, as the weight increases, to bear it with ease and comfort.

By training in muscle control during pregnancy the patient is better able to carry out instructions at the time of delivery with a minimum of wasted effort, and having learned to breathe deeply and to relax she is able to rest more completely between contractions, thus avoiding unnecessary strain and exhaustion. Throughout the whole demonstration, Miss Randell placed emphasis upon correct posture, absolute relaxation and self-reliance.

The Vale of Kashmir

ISABEL MCCONNELL

Presbyterian Church Mission Hospital, Jobat, Central India

After almost ten years in India, this one brought my first opportunity to visit Kashmir. On the way up and on arrival there, I began to think that I must be like the Queen of Sheba when she went to see King Solomon: "It was a true report that I heard in my own land, but when I came and saw the half had not been told me."

Having travelled twelve hundred and five miles by rail from Dohad to Rawalpindi, we engaged seats in cars and started out for Srinagar, a distance of two hundred miles. Only those who have been there can know the delightful sensation of a motor trip from the Plains to the Happy Valley. I travelled with some charming missionaries from the Irish Mission and, on such a long trip, one is glad to have congenial company. It took very cautious driving when we came to the hill road as it was very narrow and abounded with countless dangerous turns and hairpin bends. We soon reached a four thousand foot level where a sweater felt comfortable. Ferns of all descriptions were in abundance on the sides of the road, and as the ascent continued, the pine trees grew all over the hillside as far as one could see.

The road became steeper until about thirty miles from Muree we reached a sixty-five hundred foot level and it began to feel cold. However this did not last as we began a descent of forty-five hundred feet to the Jhelum Valley. We became acquainted with the Jhelum during our visit to Kashmir when we were caught in a storm one day while out in a little shikara. As night was coming on we decided to stay at a Dak Bungalow (a rest house for the convenience of travellers, maintained by the Government).

Next morning we made an early start and having crossed the bridge at Kohala we reached the Kashmir border. From there were proceeded along the Jhelum valley to Srinagar, situated in the centre of the Kashmir valley. Road construction was going on so progress was not very rapid and we had to stop at Domel, about twenty miles from Kohala, to certify to the Customs officials that we had no beef and no extracts of beef in our possession. Beef is forbidden in Kashmir as the cow is a venerated animal. After having given all the necessary information, we were allowed to proceed on our journey. The scenery became grander, the mountains rising up in snowy peaks while down near the river the cultivation of rice was much in evidence. It amused me very much to see the primitive way the people put water on the road. There were roadside streams and with the aid of a shovel, the men skillfully scattered the water across the road. Another interesting sight was to see hugh tree trunks being carried along by the tremendous current of the river. These were on their way to the timber depots along the banks of the Jhelum. Beyond Uri, our next stopping place, the valley became broader and the scenery still more beautiful, in a setting of thick pine forests and snow-capped peaks. The river was more placid here and the road more level. Rice cultivation was seen everywhere and a beautiful archway of tall poplars soon came into view. We saw such beautiful fields of wild poppies, irises and lilac trees that we almost regretted that the long drive had come to an end. But this was not the end of the holiday: Kashmir was yet before us.

The Mogul emperors prized the valley of Kashmir as the most valuable of their possessions. The pleasure gardens which they created around Dal Lake are the lasting tribute which they paid to the incomparable scenery with which nature so profusely has endowed the Valley. Srinagar is about fifty-two hundred feet above the sea level and is surrounded by high mountain ranges. The wild grandeur of the snow-capped peaks which surround the soft loveliness of the valley, with its winding rivers, unruffled lakes and immense forests of pine trees surely make Kashmir an earthly paradise. The gardens were exquisite. Nishat Garden is laid out in terraces, cascades and fountains surrounded by beautiful lawns, flower beds and stately cyprus as well as shady Chinar trees. Shalamar Garden, the favourite retreat of the Mogul Emperor, Jehangir, was built by him for his beloved Noor-Jehan, with whom he passed the summer months in this delightful retreat. It is surrounded by majestic Chinar trees and is ornamented with many beautiful fountains. On the upper terraces, which we liked best of all, is built a magnificent pavilion of black polished stone closely resembling marble. This was used as a private retreat for the ladies of the Mogul harem. We wondered what the old emperors would have thought if they could have heard us sing some of the Praises of Zion while we took shelter from a storm.

Life in Srinagar was thrilling. A congenial party of five lived for a month in a houseboat moored in Dal Lake. One of my favourite pastimes was to take a shikara (the boat which is to Srinagar what the gondola is to Venice) and to go through the floating gardens. It was always a puzzle to me that the Kashmiri folk did not overbalance in their tiny boats when they leaned over the edge to pick up leaves for fertilizer. Many of our evenings were spent in a large shikara out on the lake. After dinner we picked up our instruments and off we went to sing ourselves hoarse. With five guitars, a violin and a mandolin, we made a lot of noise but the

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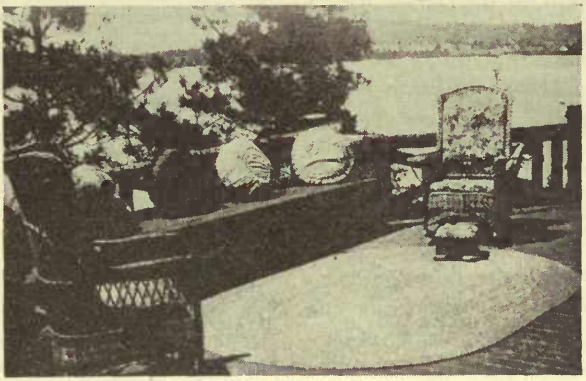

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people in the houseboats seemed to enjoy our music. Another pleasure Kashmir afforded us was the strawberries and luscious cherries, not to speak of plums and apricots. To folk at home these fruits might not be such a treat, but not having even seen strawberries since 1934, they were a rare feast. We enjoyed having the shopkeepers bring their wares and display them to us. Some sent their private shikaras to take us to their shops. We were often disturbed while having our meals under the Chinar trees, by the old cry, "Just look, Miss Sahib, it is Cheap John who has come, it won't cost you to look."

All too soon we had to leave Srinagar for Pahalgam. We drove sixty miles in a rickety old lorry and as soon as we arrived had to see about having our tents pitched. The agent was on hand with a lot of men so we were soon an organized camp. When the rain stopped and we looked around us, all I could think of was Switzerland. There were many lovely hikes, not to speak of all the trips one could take on horseback.

How we did hate the thought of leaving it all, yet the benefit one derives from such a holiday surely is an incentive to better work. We came back with new inspiration, and a greater desire to see the Kingdom of Christ advanced in this Bhil land. Many times, as I stood on the Plateau and gazed at the mountains all around I thought of that verse in the 125th Psalm: "As the mountains are round about Jerusalem, so the Lord is round about his people from this time forth and forever."

Miss Helen Watson has succeeded Miss Alison Craigie as public health nurse in Swansea. Miss Watson is a graduate of the four-year course, University of Toronto and Toronto General Hospital, 1933, and has been on the staff of the Ontario Division, Canadian Red Cross Society.

Miss Helen B. Gardner, St. Lukes Hospital, New York and University of Toronto Public Health Nursing course, 1923, has commenced her work in Penetanguishene.

Mrs. Ethel V. North, Connaught School of Nursing, (Toronto Hospital for Consumptives) and University of Western Ontario Public Health Nursing course, has been appointed to a newly established post in tuberculosis control in Teck Township, with headquarters at Kirkland Lake. Mrs. North has been public health nurse at Cochrane for several years.

FEARLESS LEADERSHIP

In his address at the Silver Jubilee dinner of the National Organization for Public Health Nursing, Surgeon General Thomas Parran said:

I would only remind you that among the reasons why the light from the lamp of Florence Nightingale shone far was because she was known to be perfectly ready to throw it at anybody who stood in the way of righteous progress. She is remembered for the good works of a saint, but she achieved those good works because she had a clear eye, a pungent tongue, and a heart so filled with wrath at needless suffering that she spared no one, no matter how highly placed, who might be responsible for it. Individually, there are few of us who can be Florence Nightingales. Our little voices would be lost in the contemporary din. Compositely, through the organizations which represent us, we can all have a part in leadership. If we lead fearlessly, our works also will be remembered.

RESPIRATORY DISORDERS

Pneumonia and bronchitis, and infections of the throat, such as tonsillitis and laryngistis, are always advantageously treated with applications of prolonged moist heat. However, there are few ways in which moist heat can be satisfactorily applied for any length of time without certain attendant dangers. The linseed poultice, cools rapidly, and constant renewing only serves to tire the patient, while there is always the risk of destroying the tone of the tissues through maceration. But there is a way by which prolonged moist heat can be applied without any of these dangers. That is by the use of Antiphlogistine. In cases of pneumonia and bronchitis it is an exceedingly valuable measure, in that it will maintain a uniform heat for hours, so that disturbance of the patient is reduced to a minimum. An Antiphlogistine pneumonia jacket, for instance, will not need frequent renewing, and when left on for 24 hours, there is no danger of the Antiphlogistine becoming cold and clammy. These advantages are of obvious importance to the patient. And it should not be overlooked that once Antiphlogistine has been applied, the nurse is released for other, and equally pressing, nursing duties.

THE VICTORIAN ORDER

Miss Phyllis Bond has been transferred from the Vancouver staff and is now in charge of the recently opened Surrey Branch at Cloverdale, British Columbia.

NEWS NOTES

ALBERTA

Edmonton:

The Edmonton Association of Graduate Nurses met recently with twenty-seven members present. The eight-hour day for private duty nurses came up for discussion and it is hoped may, in the near future, come into effect. Plans are also under way to broaden the scope of the Registry. An interesting and informative lecture was given by Dr. M. M. Cantor, on sex hormones.

BRITISH COLUMBIA

Nanaimo:

A meeting of the graduate nurses of Nanaimo and district was held recently at the Nanaimo Hospital for the purpose of forming an association. The following officers were elected: president, Mrs. K. M. Clarke; secretary, Miss M. Fishwich; treasurer, Miss I. Hoggan; first vice-president, Miss C. Boyce; second vice-president, Miss V. Hewer. The committee conveners are: ways and means, Mrs. J. Kneen, social, Mrs. D. Hardy, programme, Miss H. Archer, sick committee, Mrs. J. Johnston and Mrs. M. McRoberts, private duty, Mrs. E. Butler and membership, Miss H. Archer. A hearty vote of thanks was tendered Miss J. Leslie for her interesting outline of a similar association formed in Nelson.

Nelson:

The Nelson Registered Nurses Association recently held a very successful dance to raise funds to assist in the purchase of a projection machine, which will be used for showing educational films at both nursing and medical association meetings. At a recent meeting of the Association, Dr. Sparkes, Medical Health Officer, gave a most interesting talk on public health work and the duties of a public health officer.

Married: On February 19, 1938, Miss Christina Florence Nelson, (Vancouver General Hospital) to Dr. Wilfred Laurier Turnbull.

Victoria:

The Nursing Sisters Branch No. 152 of the Canadian Legion, British Empire Service League, recently held a successful benefit bridge at St. Joseph's Hospital under the distinguished patronage of the Lieutenant-Governor of British Columbia and Mrs. Hamber. Mrs. Leo O'Leary, president, Miss Alice Williams, vice-president, and Miss K. Ethel Gray, secretary-treasurer, welcomed the guests, assisted by Mrs. R. A. C. Hogarth, social convener.

MANITOBA

Brandon:

A monthly meeting of the Brandon Graduate Nurses Association was held recently at the home of Miss Jean Fotheringham, thirty-nine members being present. Mrs. Perdue, representative to the Citizens' Welfare League, gave a report on that organization. Miss Colthart, of the private duty section, introduced the guest speaker, Dr. A. C. Rumball, who gave an interesting and instructive address on new drugs and treatments At the close of the meeting Miss McNalley presented a gold vanity case to Miss D. Longley who leaves shortly to reside in Victoria, B. C. A social hour followed.

St. Boniface:

In the March issue of the *Journal* will be found a detailed announcement concerning the Summer School for Graduate Nurses arranged by the Manitoba Association of Registered Nurses under the aegis of the University of Manitoba. The Alumnae Association of the School of Nursing of St. Boniface Hospital, St. Boniface, have decided through their Scholarship Loan Fund to give assistance to graduate members, who wish to take this course and it is expected that a number of the members of the Alumnae Association will take advantage of this offer of assistance. Further information may be obtained from Miss E. H. Margarson, 107 Smithfield Avenue, Winnipeg.

Winnipeg:

Miss Adelaide Landy (W. G. H., 1934) recently resigned as instructress of nurses at the Winnipeg General Hospital and is now nursing in Denver, Colorado. Miss Helen Wilson (W. G. H., 1937) has accepted the position of instructress of nurses. Miss Margaret Baldwin (W. G. H., 1926) recently resigned as supervisor of the outpatients department and is on the staff of Grace Hospital. Miss Allison Jamieson (W. G. H., 1935) who recently completed a postgraduate course at Teachers' College, Columbia University, has accepted a position as public health nurse with the Department of Health and Public Welfare of the Government of Manitoba. Miss S. Kelsey (W. G. H., 1923) of St. Paul's Hospital, Kweitch, Honan, North China, is on furlough.

Married: Recently, Miss Bertha Muir (W. G. H., 1934) to Dr. H. Scarrow.

Married: Recently, Miss Gladys Nelson (W. G. H., 1929) to Mr. William Petrie.

Married: Recently, Miss Victoria Patterson (W. G. H., 1925) to Mr. H. Dunning.

NEW BRUNSWICK

SAINT JOHN:

The Saint John Chapter of the Registered Nurses Association of New Brunswick held its regular meeting recently at the Saint John General Hospital. The president, Miss Margaret Murdoch was in the chair. Plans were made for a bridge to be held after Easter to raise funds for the nurses sick benefit fund. Following the business meeting, Dr. W. O. McDonald gave an illustrated address on diabetes.

SAINT JOHN:

The Saint John General Hospital Alumnae Association recently held a regular meeting with Mrs. F. M. McKelvey, the president, in the chair. The treasurer submitted an encouraging report. Plans were made for observing the fiftieth anniversary of the training school of the Saint John General Hospital and an effort will be made to get in touch with all graduates of the school. Dr. Ruth Brown was the guest speaker. A social hour followed.

ST. STEPHEN:

The annual meeting of the St. Stephen Chapter of the New Brunswick Registered Nurses Association was held recently with Miss Mabel McMullin presiding. The following officers were elected for the coming year: President, Miss C. Boyd, vice-president, Miss A. Leland; secretary, Miss M. J. Dunbar; treasurer, Miss J. Murray; representative to *The Canadian Nurse*, Miss L. McLean; convener of the refreshment committee, Mrs. H. Lawrence. Registry fees are to be raised to $2.00 per year, the proceeds to be divided between the Hospital and the local Chapter. A kitchen shower was given for Miss Muriel Waugh in honour of her approaching marriage and a miscellaneous shower was held in honour of Mrs. Herman Lawrence.

Married: Recently, Miss Muriel Waugh (C. M. H., 1930) to Mr. Cecil Guthrie.

Married: Recently, Miss Marjorie Clingo (C. M. H., 1937) to Mr. Charles Burgess.

Married: Recently, Miss Rosa Madsen (C. M. H., 1927) to Mr. Herman Lawrence.

NOVA SCOTIA

ANTIGONISH:

The Alumnae Association of St. Martha's Hospital has elected the following officers for the coming year: Honorary president, Rev. Mother Ignatius; president, Miss Marie Le Blanc; vice-president, Miss K. Chisholm; secretary-treasurer, Miss B. Landry. The members of the executive committee are Miss D. MacDonald, Miss B. Landry, and Miss Rachel Chisholm.

DARTMOUTH:

The Nurses' Social Club of the Nova Scotia Mental Hospital recently organized a deilghtful dance which was greatly enjoyed.

HALIFAX:

The following nurses attended the recent Refresher Course in Montreal: Miss G. E. Strum, superintendent of nurses, and Miss S. A. Archard, supervisor of the private pavilion of the Victoria General Hosital; Miss Maude Carter and Miss Marion Grant of the Victorian Order of Nurses. The Local Branch is anticipating a report from these nurses at its next meeting.

HALIFAX:

The Cameradie Club, composed of the student and graduate nurses of the Victoria General Hospital, is active in promoting social activities among its members. A community sing-song forms an important part of each fortnightly meeting. Miss Adelaide Gervais is president of the Club and Mr. J. Gordon Ross is convener of the sports committee.

NEW GLASGOW:

Miss Edna C. Duthie (Saint John General Hospital) has accepted a position as supervisor on the staff of the Aberdeen Hospital. Miss Duthie served overseas with the Canadian Army Medical Corps. Miss Kathryn McNeil recently resigned her position as supervisor in the Aberdeen Hospital and was tendered a shower by her associate nurses upon the occasion of her marriage. Miss Marion Chapman (Aberdeen Hospital, 1937) is practicing her profession in Amherst, her home town.

Married: Recently, Miss Kathryn McNeil (St. Martha's Hospital, Antigonish) to Mr. Joseph A. McDonald.

ONTARIO

DISTRICT 1

LONDON:

District One, Registered Nurses Association of Ontario, held its annual meeting at the Victoria Hospital, London, on February 5, with the chairman, Miss Mabel Hoy, of Windsor, presiding. The invocation was given by the Rev. Father J. A. Feeney, and Rev. M. A. J. Waters brought greetings from the clergy of London. The treasurer's report showed a substantial bank balance. Reports of the three Sections were given and the membership convener stated that membership is increasing rapidly, but that we must not be satisfied until our mem-

bership in the Registered Nurses Association of Ontario is 100 per cent. At the close of the morning session, the nurses were guests of the London Chapter of District One at a delightful luncheon. At the afternoon session, Alderman E. W. Curtis, acting for Mayor Kingsmill, welcomed the nurses and greetings from the Academy of Medicine, London, were extended by Dr. C. C. Ross, who advocated an eight-hour day for the student nurse, this to include lecture periods. Miss E. MacPherson Dickson presented a revised report on Dominion Registration and a profitable discussion followed. An interesting talk on the care of flowers was given by Mr. George F. Dicks.

Mrs. Hedley V. Smith presented the following slate of officers: Chairman, Miss Doris Shaw, Sarnia; vice-chairman, Miss Lorna N. Horwood, London; second vice-chairman, Miss Jessie Wilson, St. Thomas; secretary-treasurer, Miss M. Langford. Sarnia; convener of Nursing Education Section, Miss Margaret Smith, London; convener, of the Public Health Section, Miss Ermine Cummings, London; convener, of the Permanent Education Fund Committee, Mrs. Hedley V. Smith, London; convener of the Private Duty Section, Miss Margaret Gilbert, Chatham; convener of Publications Committee, Miss Nellie M. Williams, London; convener of Membership Committee, Adjutant Doris Barr, Windsor; Councillors: Miss Agnes B. Campbell, London; Miss Alice Claypole, St. Thomas; Miss Letty Pettypiece, Chatham; Miss Janet Paul, Sarnia; Miss Isobel Murray, Petrolia; Miss Beatrice Young, Windsor. The report of the resolution committee was presented by Miss Ermine Cummings. At the close of the meeting, the Victoria Hospital Alumnae Association entertained at a delightful tea, of which Miss Sallie Hyatt was convener.

WINDSOR:

In January, 1938, the Board of Health of the City of Windsor decided to organize a division of public health nursing. Miss Mabel Hoy is receiving hearty congratulations in her appointment of director of the division.

DISTRICTS 2 and 3

KITCHENER:

The mid-winter general meeting of Districts 2 and 3, R. N. A. O., was held at the Kitchener and Waterloo Hospital on Feb. 9 with a registration of 142. The president, Miss Agnes Campbell of Guelph occupied the chair. The report from the Nursing Education Section showed an increased interest throughout the District in educational activities and a general raising of stand-

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REGISTRATION OF NURSES
Province of Ontario

EXAMINATION ANNOUNCEMENT

An examination for the Registration of Nurses in the Province of Ontario will be held in May.

Application forms, information regarding subjects of examination and general information relating thereto, may be had upon written application to

Alexandra M. Munn, Reg. N.,
Parliament Buildings, Toronto

ards. A study of the proposed Curriculum is being conducted in the various hospitals and a joint conference of all interested in this study will be held in Woodstock early in the Spring under the convenership of Miss P. Bluett of the Woodstock General Hospital. Papers will be read, followed by round table discussion in which all are invited to participate.

Alumnae activities are generally confined within the Alumnae Associations, and the problems are dealt with locally. Miss Fennell, of Guelph, presented a very encouraging report of the Public Health Section. This branch is becoming more highly organized and is attaining a greater standard of efficiency. The keen interest and co-operation evinced by lay organizations and the general public is worthy of note. Various clinics have been established in many centres throughout the District, sponsored by the Service Clubs, the I. O. D. E., Home and School Clubs, Organized Bible Classes, Canadian Legion and other groups of lay people. In practically all centres throughout the District clinics were held and special measures taken for the prevention of poliomyelitis. Miss Bingeman, of Freeport, reported a most successful membership campaign. This committee has been very active, the membership to date being 465, which is 15 over the quota for the District.

A comprehensive and interesting address on orthopaedics, illustrated by X-Ray plates, was given by Dr. M. C. Harvey, of Kitchener. Miss E. MacPherson Dickson of Toronto very ably presented and interpreted the revised plan prepared by the Committee on Dominion Registration. An animated discussion followed in which Miss Dickson answered many questions and shed light on many points which were of real interest and of vital import. During an intermission, Mrs. W. H. Nixon sang very charmingly, accompanied on the piano by Mrs. J. B. Martin. Following a delightful high tea which was served through the hospitality of Miss Scott, the Superintendent of the Hospital, aided by her staff and the Alumnae Association, we were favoured with a most inspiring address on mental health by Dr. Brillinger of the Ontario Hospital, Hamilton.

GUELPH:

The Alumnae Association of St. Joseph's Hospital recently held its annual meeting at which the following members were elected to office: Honorary president, Sister M. St. Basil; honorary vice-president, Sister M. Geraldine; president, Miss K. Bolger; vice-president, Miss D. Milton; secretary, Miss A. McComb; corresponding secretary, Miss G. Hope; treasurer, Miss H. McGillvary.

The members of the social committee are: Miss M. Dudgeon (convener), Miss F. McQuillan, Miss E. Murphy, Miss M. Hefferman, Miss P. Bennett, Miss D. Taylor and Miss N. Wilson. The annual "At Home" dance of the Alumnae Association was held recently. Miss K. Bolger, president of the Association, received the numerous guests.

District 4

HAMILTON:

There was a large attendance at the annual meeting of the District 4, R. N. A. O., held at the Hamilton General Hospital. Miss Isobel MacIntosh was in the chair and the speaker was Miss D. C. Brydges who for many years has been attached to the Nightingale School of St. Thomas's Hospital, London. Having been granted a Rockefeller Foundation fellowship, Miss Brydges is making a study of nursing education in Canada and the United States with a view of returning to the staff of the College of Nursing in London, to help in the development of the International Course offered by the Nightingale International Foundation. The speaker's earnest hope was that the internationalism of nursing would prove to be a factor in making for world peace.

The election of officers resulted as follows: Chairman, Miss I. M. MacIntosh, first vice-chairman, Miss Annie Boyd; second vice-chairman, Miss Mary Buchanan; secretary-treasurer, Miss Cornelia Sheridan. The councillors are Miss Katherine Turney, Miss Dorothy Scott, Miss Constance E. Brewster, Miss Ann Wright, Miss Catherine McDonald and Sister M. Monica. The chairmen of sections are: private duty, Miss Stella Murray, public health, Miss Anna Oram, nursing education, Miss G. Bamforth.

HAMILTON:

A special meeting of District 4, R. N. A. O., was held recently at St. Joseph's Hospital. Miss Mary Millman, convener of the provincial committee on Dominion Registration, spoke on "Dominion Registration". The members of the group were each given a copy of the proposed plan and Miss Millman took it up clause by clause. The speaker clarified the meaning of the various terms and asked for careful thought and study by the members in preparation for discussion at the annual meeting of the R. N. A. O. at Kingston in April. Following the meeting, refreshments were served by the nurses of St. Joseph's Hospital.

ST. CATHARINES:

The March meeting of the Alumnae Association of the Mack Training School took the form of a social evening. Delegates to

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the provincial meeting of the R. N. A. O. were appointed and there was a discussion of Dominion Registration. Miss Fischer and her committee were responsible for a most enjoyable evening.

District 5

Toronto:

The Alumnae Association of the Toronto General Hospital has elected the following officers for the coming year: Honorary president, Miss Jean I. Gunn; president, Miss Margaret Dulmage; first vice-president, Miss Mildred Mann; second vice-president, Miss Esther Strachan; secretary-treasurer, Mrs. R. F. Chisholm, 138 Chiltern Hill Road. Miss Margaret Porter, Miss Zelma Creeden, Miss Edith Hendry and Miss Maudè Fry were appointed councillors. The committee conveners are: programme, Miss Muriel Winter; social, Miss Katharine Graham; flower, Miss Effie Forgie; press, Miss Eleanor Hollinger; nomination, Miss Mary Murphy; "The Quarterly", Miss Agnes Neill; archivist, Miss J. M. Kniseley.

The senior group of the Toronto Undergraduate Nurses Association recently held a bridge in the Nurses' Residence of the Western Hospital. Sixty members attended representing seven of the nine Toronto Schools. Miss Beatrice Ellis, superintendent of nurses, welcomed the group. Miss McMullen, the president of our Association, feels that this little get-together will help us to become acquainted before our graduating dinner which we are planning to hold again this year.

District 6

Belleville:

The regular meeting of District 6, R. N. A. O., was held recently at the Belleville General Hospital, Miss E. Young, presiding. The feature of the evening was an address on Dominion Registration by Miss M. Millman, whch was much appreciated. The private duty section reported a special meeting of that section in Peterborough, when Miss M. Baker of London, explained the eight-hour day for private duty nurses.

Lindsay:

Miss Donna Baker, assistant superintendent of Ross Memorial Hospital, is holidaying in Scotland. During her absence, Miss M. Brackenridge (R. M. H., 1936) has been appointed acting assistant superintendent. Miss Gladys Lehigh (R. M. H., 1937), is on general duty at the Ross Memorial Hospital. The annual alumnae dance was a

most successful function. At a recent meeting of the Association, Allan and Hanbury presented a reel of moving pictures illustrating the manufacture of catgut.

District 8

Ottawa:

Miss Grace Tanner was elected president of District 8, R. N. A. O., at the annual meeting held recently in Ottawa. The secretary's report was read by Miss Elma Coon and the financial statement was presented by Miss Isabel Allen. In her report on the standing committee, Miss Grace Tanner stated that there is a total membership of 458, an increase of 90 over last year. Dealing with the local committee on national enrolment of nurses, Miss Blanche Anderson urged the necessity of assuring a readily available nursing service in the event of any disaster or emergency. Reports of the three Sections were presented.

Miss Jean Gunn, member of the committee on Dominion Registration of the Canadian Nurses Association, led the discussion on Dominion Registration of Nurses. Miss Gunn was thanked by Sister Madeleine of Jesus, of the Ottawa General Hospital. Miss E. Cryderman, president of the Registered Nurses Association of Ontario, extended greetings. At the evening meeting, Rev. C. G. Hepburn, Rector of All Saints Church, gave an address on "The religious influence in the life of the nurse". An illustrated talk was given by Dr. Atholl McNabb on "Conditions of the gastro-intestinal tract".

Associated with the president will be the following officers: vice-president, Miss Evelyn Pepper; treasurer, Miss Isabel Allen; secretary, Miss Elma Coon. The councillors are Misses Sadie Carmichael, Jean Church, Gladys Clarke, Dorothy Moxley, Ethel Webb, and Miss H. C. Wilson of Cornwall.

The following nurses from District 8 attended the Refresher Course recently held under the auspices of the McGill School for Graduate Nurses: Miss Daisy Lodge of the Victorian Order of Nurses; Miss Mayme Downey, Ottawa Civic Hospital; Miss Elizabeth B. Rogers, Miss Gertrude Ferguson and Miss Bee McKerracher, all of whom are members of the teaching staff of the Ottawa Civic Hospital.

A bridge, under the auspices of the R. N. A. O., was held recently. Over eighty tables were sold.

Ottawa Civic Hospital:

The annual dance of the Alumnae Association was held recently. Over 350 guests were present.

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Married: Recently, Miss Lois Humphreys (O. C. H., 1934) to Mr. R. H. Arkell.

QUEBEC

MONTREAL:

Nineteen Royal Victoria Hospital nurses registered for the Institute recently held under the auspices of the School for Graduate Nurses at McGill University. Among those taking part in the programme were the following R. V. H. nurses: Miss N. Nagle, Miss E. Flanagan, Miss E. Allder, Miss T. MacKenzie and Miss H. Eberle.

Miss Christina Murray (R. V. H., 1924) has been appointed director of the school of nursing and professor of nursing at the University of Wisconsin.

Miss Grace Vanderwater (R. V. H., 1933) has succeeded Miss A. Darling (R. V. H., 1936) as assistant night supervisor of the Ross Pavilion. Miss Florence Campbell (R. V. H., 1937) has succeeded Miss Jean I. MacKenzie (R. V. H., 1936) as assistant head nurse of one of the floors of the Ross Pavilion. Miss Elsie Knight (R. V. H., 1934) has resigned from the staff of the Alexandra Hospital and is leaving for Shanghai, China.

Married: Recently, Miss Alice Hodgson (R. V. H., 1937) to Mr. W. N. Ashbury.

QUEBEC:

At a recent meeting of the Alumnae Association of Jeffrey Hale's Hospital Dr. Mooney gave an interesting address on trends in modern medicine. Plans were made to have a bridge party in order to raise money for the Sick Nurses' Benefit Fund. Mrs. G. Kruse (Bertha Mahan, J. H. H., 1929) of Gaspe Harbour visited Quebec recently.

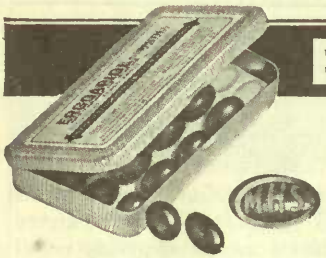
SASKATCHEWAN

SASKATOON:

The Alumnae Association of the Saskatoon City Hospital recently held a very enjoyable "Membership Tea". Sixty members were present.

OBITUARY

DAY—The death occurred recently in Montreal, after a lengthy illness, of Miss Cora M. Day, a graduate of the School of Nursing of the Winnipeg General Hospital and a member of the class of 1917.



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First Vice-President ..... Miss G. M. Fairley, General Hospital, Vancouver, B.C.
Second Vice-President ..... Miss M. L. Moag, 1246 Bishop Street, Montreal, P.Q.
Honorary Secretary ..... Miss E. J. Wilson, 592 Henderson Highway, Winnipeg, Man.
Honorary Treasurer ..... Miss M. Murdoch, General Hospital, Saint John, N.B.

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Numerals preceding names indicate office held, viz: (1) *President, Provincial Nurses Association;* (2) *Chairman, Nursing Education Section;* (3) *Chairman, Public Health Section;* (4) *Chairman, Private Duty Section.*

Alberta: (1) Miss Kate S. Brighty, Administration Building, Edmonton; (2) Miss H. S. Peters, University Hospital, Edmonton; (3) Miss R. Chittick, Normal School, Calgary; (4) Mrs. M. Tobin, 385-4th Street, Medicine Hat.

British Columbia: (1) Miss G. M. Fairley, General Hospital, Vancouver; (2) Miss A. Cavers, Vancouver General Hospital; (3) Miss M. Kerr, Eburne; (4) Miss M. Teulon, 4237 Granville St., Vancouver.

Manitoba: (1) Miss Edith McDowell, Nurses Residence, General Hospital, Winnipeg; (2) Miss F. Roach, St. Boniface Hospital, St. Boniface; (3) Miss A. McKee, 604 Medical Arts Building, Winnipeg; (4) Miss T. Greville, 797 Broadway, Winnipeg.

New Brunswick: (1) Mrs. G. E. Van Dorsser, Health Centre, Saint John; (2) Sister Corinne Kerr, Hôtel Dieu Hospital, Campbellton; (3) Miss A. Burns, Health Centre, Saint John; (4) Miss Kathleen Lawson, 84 Wright St., Saint John.

Nova Scotia: (1) Miss Marion Haliburton, 40 South St., Halifax; (2) Miss Eleanor Grew, Children's Hospital, Halifax; (3) Miss A. Slattery, Windsor; (4) Miss Anna Brennan, 53 Pine St., Dartmouth.

Ontario: (1) Miss E. Cryderman, 281 Sherbourne St., Toronto; (2) Miss R. M. Beamish, General and Marine Hospital, Owen Sound; (3) Miss M. Walker, Institute of Public Health, London; (4) Miss Madalene Baker, 249 Victoria St., London.

Prince Edward Island: (1) Sr. Stanislaus, Charlottetown Hospital, Charlottetown; (2) Miss Anna Mair, P. E. I. Hospital, Charlottetown; (3) Miss Ina Gillan, 277 Kent St., Charlottetown; (4) Miss G. MacGuigan, Charlottetown Hospital, Charlottetown.

Quebec: (1) Miss M. L. Moag, 1246 Bishop Street, Montreal; (2) Miss M. Batson, The Montreal General Hospital, Montreal; (3) Miss A. Peverley, 2090 Claremont Ave., Apt. 46, Montreal; (4) To be appointed.

Saskatchewan: (1) Miss A. F. Lawrie, Regina General Hospital, Regina; (2) Miss Edith Amas, City Hospital, Saskatoon; (3) Miss Ann Morton, Weyburn; (4) Miss Helen Jolly, 1301 15th. Ave., Regina.

CHAIRMEN, NATIONAL SECTIONS

NURSING EDUCATION: Miss M. Lindeburgh, School for Graduate Nurses, McGill University, Montreal. PUBLIC HEALTH: Miss A. E. Wells, Dept. of Health, 655 Portage Ave., Winnipeg. PRIVATE DUTY: Miss J. L. Church, 120 Strathcona Ave., Ottawa.

Executive Secretary: Miss Jean S. Wilson, National Office, 1411 Crescent St., Montreal, P.Q.

OFFICERS OF SECTIONS OF CANADIAN NURSES ASSOCIATION

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COUNCILLORS: **Alberta:** Miss H. S. Peters, University Hospital, Edmonton. **British Columbia:** Miss A. Cavers, Vancouver General Hospital. **Manitoba:** Miss F. Roach, St. Boniface Hospital, St. Boniface. **New Brunswick:** Sister Corinne Kerr, Hôtel Dieu Hospital, Campbellton. **Nova Scotia:** Miss Eleanor Grew, Children's Hospital, Halifax. **Ontario:** Miss R. M. Beamish, General and Marine Hospital, Owen Sound. **Prince Edward Island:** Miss Anna Mair, P. E. I. Hospital, Charlottetown. **Quebec:** Miss M. Batson, The Montreal General Hospital, Montreal. **Saskatchewan:** Miss E. Amas, City Hospital, Saskatoon.

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COUNCILLORS: **Alberta:** Miss R. Chittick, Normal School, Calgary. **British Columbia:** Miss M. Kerr, Eburne. **Manitoba:** Miss A. McKee, 604 Medical Arts Bldg., Winnipeg. **New Brunswick:** Miss A. Burns, Health Centre, Saint John. **Nova Scotia:** Miss A. Slattery, Windsor. **Ontario:** Miss M. Walker, Institute of Public Health, London. **Prince Edward Island:** Miss Ina Gillan, 277 Kent St., Charlottetown. **Quebec:** Miss A. Peverley, 2090 Claremont Ave., Apt. 46, Montreal. **Saskatchewan:** Miss Ann Morton, Weyburn.

Provincial Associations of Registered Nurses

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QUEBEC

Association of Registered Nurses of the Province of Quebec (Incorporated, 1920)

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Associations of Graduate Nurses

Overseas Nursing Sisters Association of Canada

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ALBERTA

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QUEBEC

Montreal Graduate Nurses Association

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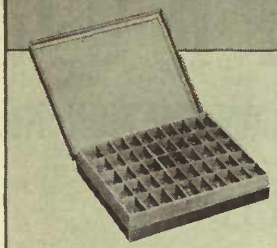

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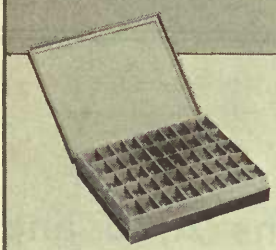

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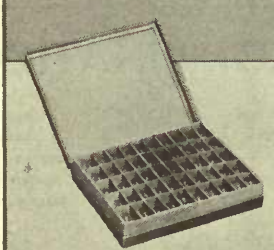

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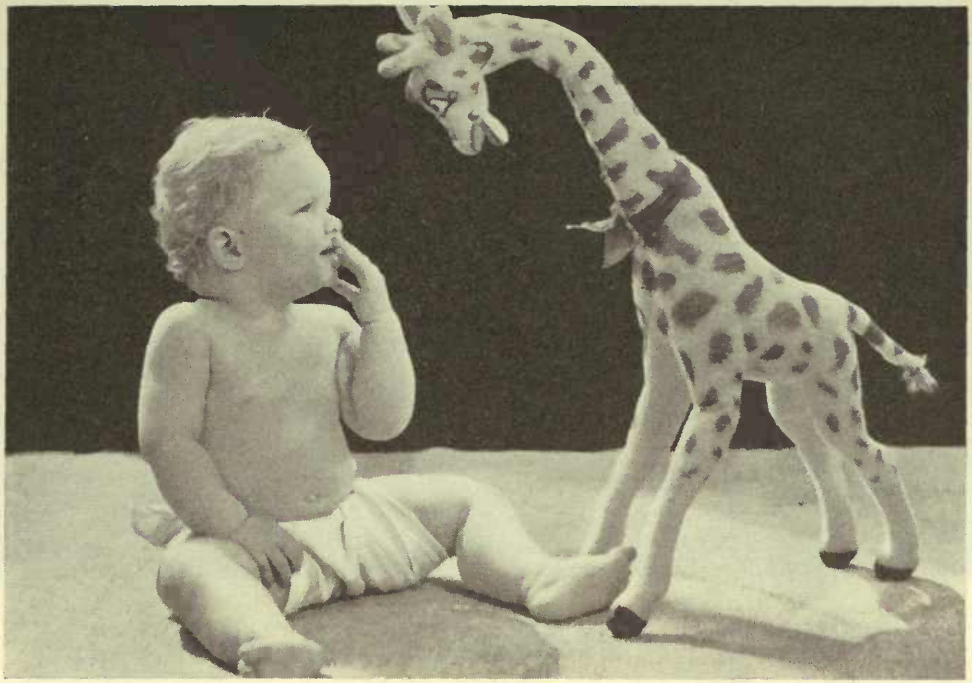

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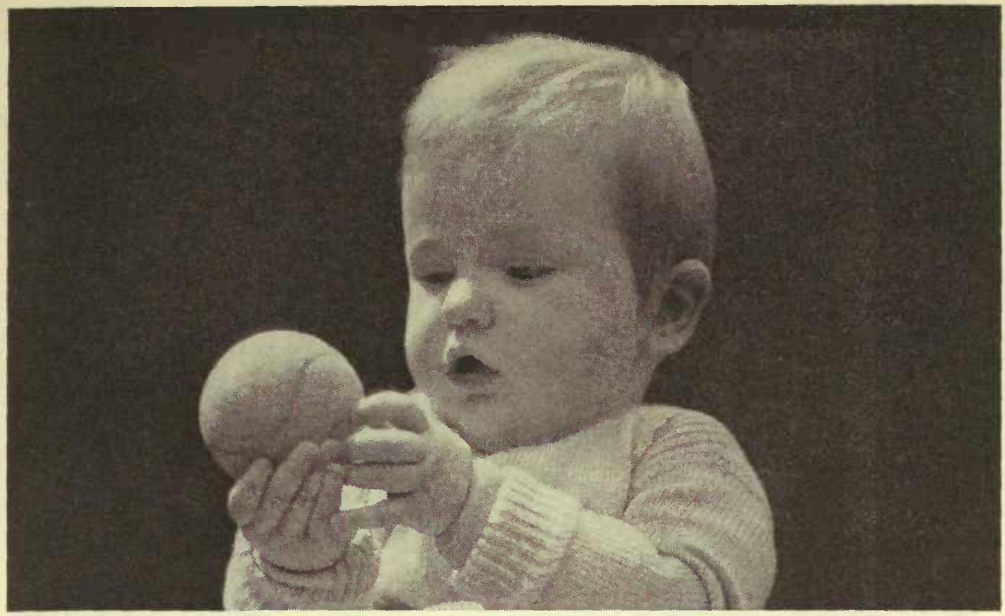

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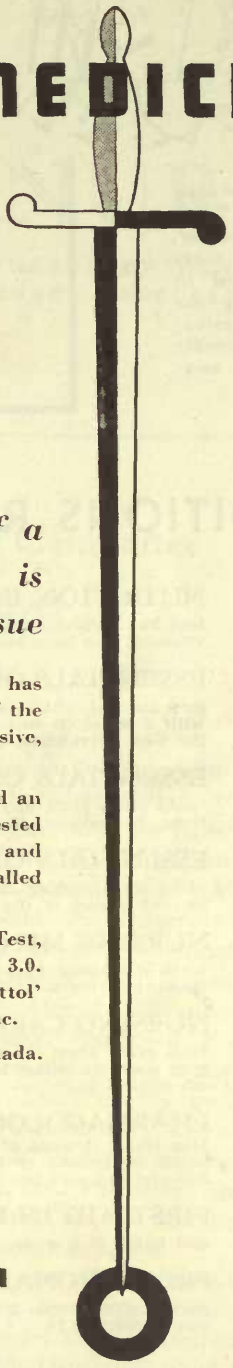

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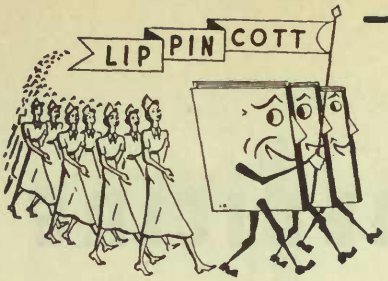

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The Metropolitan Health Committee of Greater Vancouver

ELIZABETH G. BREEZE

Just about one year ago the Metropolitan Health Service of Greater Vancouver came into being. This marked the culmination of years of planning and effort on the part of several of the leaders of public health in the community. To these far-seeing people had come the vision of an organization broad in scope and policy, co-ordinated and correlated in administration, staffed by trained public health workers with a comprehensive programme which would unite and extend the health service of Vancouver and the surrounding municipalities and be an effective means of furthering a healthful community.

After years of endeavour and after overcoming many obstacles and breaking down many prejudices, their perseverance and determination was rewarded and on November 1, 1936, the necessary agreements were signed and the actual organization begun.

The participating municipalities entering into the Metropolitan Health Service at this time were the following: Vancouver City; North Vancouver City; North Vancouver District; Municipality of Richmond; the University Area (administered by the Provincial Government); District Lot 172 (administered by the Provincial Government). This amalgamation comprised a district of 176 square miles, with a population of 275,736. There are in the Metropolitan area 70 elementary schools, 5 junior high schools, 14 senior high schools, and the University. The school enrolment is approximately 46,000 and the University enrolment is 2,480.

At the time of amalgamation, Vancouver was operating specialized health services under the administration of the City Health Department and the Board of School Trustees. North Vancouver City and District had a combined gener-

alized service and had an established health unit to serve both municipalities. Richmond had a limited health service, but District Lot 172 no health service whatever. The University provided a physical examination for all first-year students and had a public health nurse who also carried on health work in the University area.

The medical staff available consisted of four full-time medical officers and two half-time medical officers. The nurses employed in these various services numbered thirty-four, the majority of whom had public health training. Attached to the Vancouver Health Department was a staff of quarantine and sanitary inspectors. These groups combined, formed the basis of the Metropolitan Health Service. The organization of the Metropolitan Health Service may be summed up as follows:

Controlling Board: The group which administers the Health Service is known as the Metropolitan Health Committee. As in British Columbia the City or Municipal Councils and the School Board are each charged with certain responsibilities regarding the health of the people, it was agreed that each should have representation on the Central Committee. This Committee therefore is composed of representatives appointed by the Councils and School Board of each participating city or municipality, the number of representatives varying in proportion to the population. The Provincial Government appoints a representative for those areas under its control. The Committee elects its own chairmen and other officers from its members.

Finance: The undertaking is financed by definite contributions from the Councils and School Boards of participating municipalities and by grants from the Rockefeller Foundation and the Provincial Government. The grants from the Rockefeller Foundation and the Provincial Government are available for five years only. At the expiration of this period the municipalities will assume full responsibility.

Advisory Committees: As the work of the Metropolitan Health Service is diversified and touches that of practically all health and social agencies in the community, it was considered advisable to form committees to act in an advisory capacity to the staff. The committees are composed of representatives of official and non-official health and welfare organizations, together with the Directors of Divisions, Unit Directors and Unit Supervisors.

These committees cover the following matters: General health; Voluntary service; Medical (professional and technical); Nursing (professional and technical); Dental (professional); Food Control (technical); Sanitation (technical). These Committees are most valuable in bringing to the staff the opinion and advice of experts in various fields. They serve in an advisory capacity only, and do not outline or determine policy.

Administration: the Service is organized under the following Divisions:

Division of child welfare and mental hygiene.
Division of school hygiene.
Division of control of communicable diseases.
Division of food and milk control.
Division of sanitation.
Division of public health nursing.

Each Division is in charge of a fully qualified and experienced director and the various Divisions are co-ordinated through the Senior Medical Health Officer and his assistant. The central administrative office of the Metropolitan Health Service is in the City Hall, Vancouver.

The School Toxoid Clinic

The area is divided into five districts or units, each in charge of a Medical Director specially trained in Public Health and a supervising nurse who directs the staff of nurses allotted to the district. An office is maintained in each unit and a clerical assistant provided. Each staff nurse is assigned to a school or schools as the case may be, and the boundaries of her school district constitute the boundaries for her health district, in which she carries out a generalized public health nursing programme. By this arrangement no overlapping occurs nor is the nurse calling in homes where there are children attending schools in other districts.

Supervisors of Special Services: In order to maintain standards and develop services along indicated lines, the staff includes nursing supervisors for three major services: child welfare, school nursing and tuberculosis. These supervisors, in conjunction with the director of the Division and the director of public health nurses, plan the programmes for their respective services and are responsible for its operation as it concerns the nursing service. They work in close co-operation with the unit directors and supervisors and are available at all times for consultation and for handling special problems. Through them it is expected to standardize and unify the nurses' work throughout the area.

Type of Nursing Service: Prior to the formation of the Metropolitan Health Committee, the public health work within the area, with the exception of North Vancouver, was carried on by various groups as specialized services. Under the Metropolitan, the work has been completely re-organized and a generalized system of public health nursing exclusive of bed side care is being developed.

The Well Baby Clinic

Scope of Work: The programme of the Metropolitan Health Service is entirely one of prevention and education and no curative service is included. Health services of all types as indicated by the various Divisions already mentioned are provided and while in some, only a beginning has been made, plans are under way for further development.

This organization has several rather unusual features which are distinctive and because of which it is considered by some to be more or less of an experiment. The first of these is the controlling board. The Metropolitan Health Committee is composed of representatives of elected bodies, of several municipalities, and its business is to deal with all matters pertaining to the health of the area which it serves. It is well known that in many instances where the health service is one of many activities handled by a board that it often becomes of secondary importance and that the service has suffered. As the maintenance of a health service and the promotion of health is the sole objective of this committee, it is expected that more intensive interest will be stimulated and greater progress made.

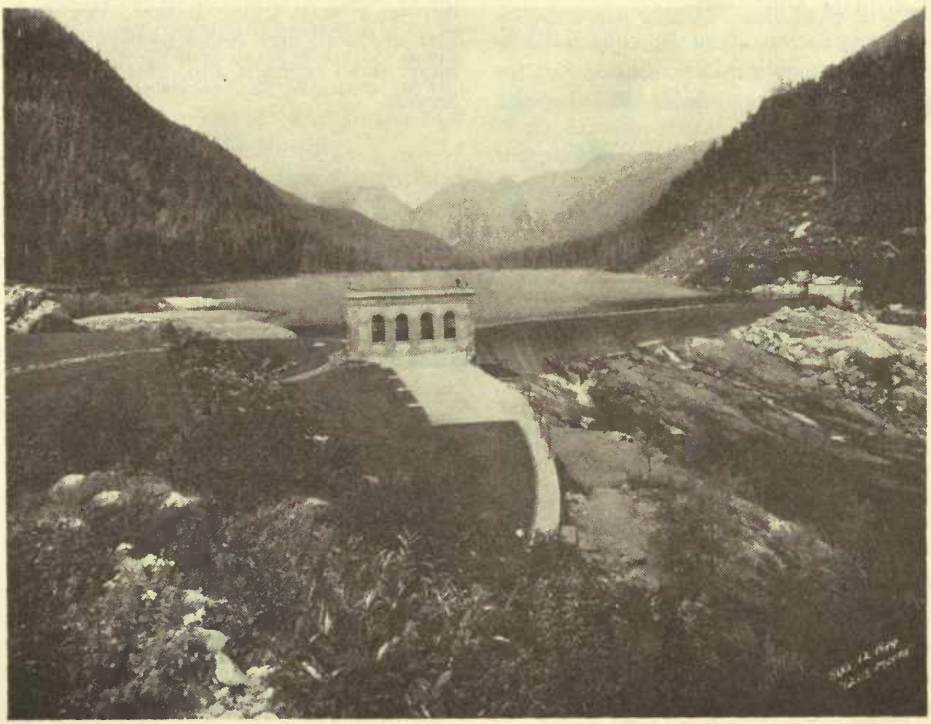
Another unusual feature is that the Metropolitan Area includes urban, suburban and rural districts. Two distinctly rural districts, though differing in type, are part of the area. To handle both urban and rural problems under one administration calls for a broad and flexible organization. While different districts in any city present individual problems which call for adjustments, the difference between urban and rural conditions are even more marked, and more adaptation has to be arranged to meet local situations. The experience so far indicates that it is quite possible to combine such services satisfactorily.

A third outstanding feature is the inclusion of the University Health Service. Health supervision of high school pupils was always a part of the service under the Vancouver School Board, and the decision of the University to become a part of Metropolitan completed the chain of health supervision of children during

the educational period. A continuous physical record card has been in use in elementary and high schools for some time and this is now to be extended to include University also.

Though the Metropolitan Health plan has been in operation for a year, it is still in the formative period. The year has been one of re-organization and adjustment. Many difficulties, attendant on the merging of various services, were encountered. The change from the specialized to a generalized system entailed many adjustments. Certain methods and arrangements which were satisfactory when working under a specialized system were not suitable under a generalized plan and had to be altered. The breaking up of the area into districts and the establishment of district offices made many changes in procedure necessary. Records had to be revised and planned to meet the new situation. The staff had to become adjusted to the new order and system and take up new work. New workers had to be selected and instructed in the detail of the system. Services had to be organized in districts which previously had little or none, and while all these changes were taking place, the usual service had to be maintained.

Our staff now numbers nine full-time medical officers and two half-time medical officers, including the Senior Medical Health Officer and his assistant; forty four public health nurses, including the Director and Supervisors,



Seymour Creek Intake for Vancouver's water supply

two full-time dentists and four half-time dentists and two dental attendants. The Division of Communicable Disease maintains a staff of inspectors in the quarantine department. A staff of sanitary inspectors is also provided under the Division of Sanitation. The Division of Food and Milk Control also maintains a special staff and operates a laboratory. The value of a well trained staff in giving efficient service and in securing results is recognized, and all members are required to have special training for their work. The members of the medical staff must have a Diploma in Public Health. Nurses are required to have a certificate in public health nursing from a recognized University. Inspectors on the Quarantine staff and in the Division of Sanitation and Division of Food and Milk Control are required to hold certificates from the Canadian Institute of Sanitary Inspectors.

Many factors must be considered in planning a public health service for any community. The needs, opportunities, resources and local conditions must be known and considered. To be effective, it must be brought close to the people it aims to serve. An essential factor is close co-operation with other health and welfare agencies and their workers. The whole-hearted support and help of the staff in the development of a co-ordinated programme must be assured. It is with these factors well in mind that the organization in the Metropolitan Health Area is proceeding.

It is much too soon to claim any measure of success for the Metropolitan Service. Certain phases of work have been extended and plans are in mind for improvement and development. Any progress that has been made is due to the careful thought which has been given by the administrative staff to each step taken and to the splendid support and unfailing patience of all members of staff during a very trying period. We look forward with high hopes to the development of an efficient and effective health service.

CANADIANS AT GROOTE SCHUUR

The Cape Times, one of the leading newspapers of Cape Town, South Africa, recently published a beautifully illustrated supplement describing the new hospital, Groote Schuur, of which South Africans are so justly proud. This hospital has a special interest for the nursing profession in Canada because to it have been assigned the Canadian nurses who have recently gone to Cape Town under the auspices of the Exchange of Nurses Committee of the Canadian Nurses Association. Their lines have fallen to them in pleasant places for among other

modern features, the new Hospital possesses a very fine nurses residence, called The Clarendon Home. Accommodation, sufficient for three hundred nurses has been provided at a cost of $750,000, and constitutes the last word in convenience, comfort and beauty.

To the names of the fifteen nurses whose appointments have already been announced in the *Journal* two more may now be added: Miss Margaret C. Green a graduate of the School of Nursing of the Provincial Royal Jubilee Hospital, Victoria, B. C., and Miss Jean McLeod, a graduate of the School of Nursing of the Royal Alexandra Hospital, Edmonton, Alta. Nurses who would like information concerning opportunities in South Africa should write to the convener of the Exchange of Nurses Committee, Miss Jean E. Browne, 621 Jarvis Street, Toronto, Ont.

Miss Hersey Retires

Announcement has been made of the approaching retirement of Miss Mabel F. Hersey, after thirty years of service to the Royal Victoria Hospital, Montreal, in the capacity of superintendent of nurses and head of the School of Nursing.

There is not, in all Canada, any nurse who commands a greater measure of respect, affection and trust than does Miss Hersey. Throughout the years, she has been the very embodiment of the fine spirit which animates the great Hospital and the School of Nursing she has so unselfishly served. Every member of her staff, every pupil in the School has been touched by an influence which derives its quiet strength from her serene and steadfast character.

Miss Rosa Shaw, in writing of her in *The Gazette*, has made this penetrating comment:

> Honoured and beloved throughout her profession for her unchanging kindliness and her unassuming character, and respected for her high attainments, Miss Hersey has made an outstanding contribution to the prestige enjoyed by the Canadian nurse wherever she goes . . . It may be said that in no other profession have Canadian women atained such eminence as they have in nursing and much of that distinction is owed to the example set by Miss Hersey and the thoroughness of the training she has directed at the Royal Victoria Hospital.

Many honours have come to her. She was president of the Canadian Nurses Association from 1928 to 1930, following upon two years as president of the Association of Registered Nurses of the Province of Quebec. During her term as head of the national body, she was hostess to six thousand nurses from all parts of the world, when the congress of the International Council of Nurses was held in Montreal in 1929. Shortly after that great meeting, Miss Hersey went to London where she was received in audience by Queen Mary at Buckingham Palace. In the King's New Years honours list of 1935, Miss Hersey received the O. B. E. (Officer of the Order of the British Empire, civil division)

and when the Mary Agnes Snively Memorial medals were conferred for the first time, in June, 1936, Miss Hersey was one of the three recipients.

It is quite in character that Miss Hersey should accept all these tributes with modesty and even a delightful touch of humour. They only pleased her because they gave such keen delight to the Hospital, to the School, and to her friends.

Even though Miss Hersey will no longer carry the heavy professional responsibilities of the past thirty years, there is one unique service which she may confidently be counted upon to render. It is not easy to define, in so many words, just what this is, but perhaps the phrase "talking it over with Miss Hersey" expresses it fairly well. Any nurse who was perplexed, or troubled, or disheartened, found it natural to go and "talk it over with Miss Hersey". Nor was this privilege ever confined to her own nurses — many another harassed woman has found in her an excellent judge of character and a wise counsellor. Happily, we may rest assured that her new leisure will justify us in turning to her whenever we stand in need of the sympathy and encouragement which only an understanding and tolerant friend can give.

Alberta Shows the Way

KATE S. BRIGHTY

Superintendent, Public Health Nursing Branch, Province of Alberta

Today, we naturally accept the term "maternity" to imply the circumstances connected with childbirth and the care of the mother and babe at that time. If we could peer into the distant past we could find taboos, magic, and a great deal of superstition associated with the function of childbearing. These strange attitudes and customs have long since disappeared from our civilized countries, and now the out-standing plenitude of a woman's life is the joy in a child that is born.

Let me quote from the Report of the Chief Medical Officer respecting the state of public health in Great Britain addressed to the Minister of Health:

> All warnings about maternal mortality in health reports in the press and on the platform, unless qualified, have one great danger: they may encourage fear, and fear is an enemy of life. There is no need for fear. The number of women who die in childbirth is comparatively small.

The Chief Medical Officer devotes several pages of this Report to the work of the midwife and to midwifery in Great Britain. A midwife means a person trained and certified as being competent to deliver a woman in childbirth. This much abused word had fallen into

disrepute in the past because of the work of unskilled and ignorant women. Today Great Britain has many hundreds of well trained women in midwifery who in many instances are graduate registered nurses who practice midwifery as a particular branch of nursing. This work is carefully safeguarded by a Board and by an Act of Parliament known as "The Midwives Act."

There is also a group of nurses in Great Britain, known as the Queen's Nurses, who in every instance are certified midwives. These act under the direction of a physician, but often work alone in rural centres and humble homes as well as in the densely populated cities. This midwifery service is part of the public health programme, administered under the Ministry of Health and plays a large part in the promotion of maternal welfare.

A similar type of programme in midwifery is conducted in Australia and in New Zealand. Australia has its district nurses in isolated parts of the country, serving small communities. They also have a remarkable Inland Service conducted as a Mission under the Presbyterian Church. This serves the lonely ranchers in the interior. Its stations are equipped with radio and there is a flying service for physicians and nurses. In a report from New South Wales, following an investigation of maternal mortality, the evidence shows the records to be in favour of home confinements as compared with hospitalization.

A splendid programme of district nursing, coupled with midwifery, is also carried on in New Zealand. In the United States authorities are beginning to think along the lines of such service for their people; both in Chicago and New York, physicians and nurses are working out a programme of home deliveries. For several years in the Kentucky Hills the Frontier Nursing Organization has attended mothers and babies in their small mountain homes who are isolated from medical care.

I have mentioned all these services in order to bring you to our Provincial Nursing Service in Alberta. Many of the staff have their roots in the services before mentioned, and have helped to build up something that can safely be said to be an unique programme of maternity nursing in Canada. In 1918, the Public Health Nursing Branch was formed and work commenced by a group of women who were able to lay a foundation for the work that was to follow. In 1919, under the authority of the Minister of Health, a section of this division was formed known as the District Nursing Service, in order to bring maternity nursing to the mothers who live in the outlying parts of the Province away from medical care. It does not take us very long to find ourselves in such places in Alberta and twenty-seven districts have been served.

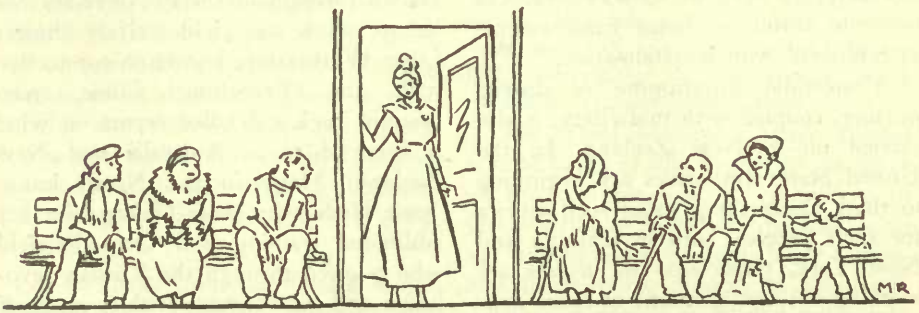
The work has grown because of the splendid and unselfish service rendered by nurses with training not only in Canada, but as far afield as Great Britain, Australia, the European countries and the United States who have brought a wealth of experience to us in this Province. Among them are the senior members of our staff: Amy Conroy who is known throughout the Province for her lecture work and child welfare clinics; Olive Watherston, known in connection with the Travelling Clinic, who brought back a detailed report on what is being done in Australia and New Zealand. Many in the North know Jessie Hyde who chose Chicago for her additional training and Olga Friefeld who worked through the Russian revolution and can converse with so many of our foreign-speaking patients with ease.

The influence and leadership of these women do much to encourage new members to enter the field.

Wherever a district nurse serves a community the local people provide a house for her and maintain it. They also provide transportation, which at times can be quite varied! The Athabasca and Peace rivers can be both our enemies and our friends. A barn door has been found to make a wonderful raft and when freeze-up comes, there is no trouble about the dog team crossing the river. These nurses bring to the homesteader's cottage, along with their little bags, a quiet word of assurance and commonsense. With the exercise of good judgment, and by virtue of her experience, the nurse often gets her patient out of the district and under the doctor's care and so instead of losing a life, a mother returns to her home with a baby in her arms. You can readily understand what a wonderful thing it sometimes is to reach the telephone and be able to talk the situation over with a physician. The doctors are always ready to give all the assistance possible. Much could be said of this home care for the mother and the influence it has on the entire family; the preparation that everyone can take part in; the looking forward to and planning for the event, and above all, the wholesome attitude that is built up.

I should like to say a word about the women of this Province, who have helped to build up this service, and not only the women but the men also, especially in the rural communities. Their attitude towards the work and their willingness to accept their share of responsibility is simply splendid. Providing a cottage for the nurse to live in is not always an easy matter in some of our districts, to build and maintain it often means considerable self-sacrifice.

This is just a brief description of the service that is being rendered through the Nursing Branch of the Provincial Department of Health to outlying places in Alberta to help in making home deliveries safe for mother and babe. Little is said about it, but Alberta has the distinction of being the only province in the Dominion which has a definite policy which makes provision for supplying this particular kind of nursing service to rural communities. A distinguished visitor to this country has said: "In our country we consider Nature the great worker and healer, we merely serve and assist." Is that not a good thought to dwell upon? Mother Nature is very wise and long skilled in her methods.



Elizabeth G. Breeze

The sad news of the death of Elizabeth G. Breeze reached the editor too late for any extended mention of it to be made, or for any radical change to be undertaken in the content of this *Journal*. The leading article for this month was written by Miss Breeze in response to repeated requests that she should tell our readers something about the outstanding achievement of her whole career. With characteristic modesty she refrained from saying anything about herself. Indeed there was no need, because between the lines, those who knew her will read the story of a woman, who with untiring patience, courage, and wisdom helped to build up a great project. She rests from her labours and her works do follow her.

Reader's Guide

In spite of preventive measures, poliomyelitis continues to take its toll. Miss Jean I. Masten, head nurse in the surgical division of the Hospital for Sick Children, Toronto, gives a clear and practical exposition of the part which skilled nursing plays in combatting the after effects of this cruel disease. △ Miss Kate S. Brighty is the superintendent of the public health nursing branch of the Health Department of the Province of Alberta. She is also the President of the Registered Nurses Association of Alberta, and an accomplished radio broadcaster. The article published in this issue was originally given by her over the air.

Our Advertisers

Not long ago we were faced with the grim task of reviewing the financial state of this *Journal* during the last two years. One fact emerged which deserves the attention of all our readers. They may thank our advertisers for any improvement which may have been made in our format. The term "format" means the shape, size, and general physical appearance of the magazine, the provision of illustrations and so forth, all of which cost quite a lot of money. It is with the money earned from advertising that these expenses have been met, and the *Journal* has achieved a less lugubrious appearance.

In return for their faith in the potentialities of the *Journal* as an advertising medium, we have tried to give our advertisers what, in the jargon of the trade, is called a "decent break". This means that every month we must spend long days in an agony of suspense, waiting for delayed "copy and instructions", and when at long last these do arrive, the "cuts" frequently do not. Even when we have prayerfully wrestled with the printers, and "proofs" are confidently sent on for approval, last-minute changes are demanded which deepen the furrows on our aching brow. Nevertheless we cherish a sneaking regard for our taskmasters. And we know why, too. It is because they seem to feel that in spite of all its shortcomings, the *Journal* gives them full value for their money.

JUNIOR RED CROSS IN NEWFOUNDLAND

The following excerpts from the annual report of Miss Jean E. Browne, National Director of the Junior Red Cross, make interesting reading:

The most outstanding event of the period under review is the organization of Junior Red Cross in Newfoundland. A few years ago, Mr. L. W. Shaw, Supervisor of Teacher Training in Prince Edward Island, went to Newfoundland in the capacity of Professor of Education at Memorial University College in St. John's. Having been an exponent of Junior Red Cross in Prince Edward Island, he turned to it as an indispensable aid in his teacher-training work in St. John's. Later, he was made General Superintendent of Education for Newfoundland. At this stage, he began to investigate means of organizing Junior Red Cross throughout the Colony. There is no adult Red Cross in Newfoundland. There was a Branch of the British Red Cross during the war, but after the war it was discontinued. Mr. Shaw conceived the idea of organizing Junior Red Cross under the joint aegis of the Department of Education and the Department of Health of the Colony, at the same time using the Canadian programme, form of organization, and literature. The Chairman of the Canadian Red Cross and the Chairman of the National Junior Red Cross Committee gave their ready assent and the two Government departments of Newfoundland made plans to commence work on the opening of schools in September, 1936. The Department of Health released a member of their staff, Miss Hilary Herbert, as an organizer, on the understanding that her salary was to be paid by the Department of Health, and that she should work under the joint direction of the Superintendent of Education and the Chief Medical Officer. The Department of Health also undertook to finance the whole cost of organization.

In order to get Miss Herbert started on this new work, the Canadian Red Cross was asked to send a provincial Junior Red Cross Supervisor for the first two months of the new school year,—to assist in initial organization. Miss Catherine MacLean, Supervisor of Junior Red Cross in Prince Edward Island, was especially asked for, as her competent work was already well known to Mr. Shaw. The Prince Edward Island Division were good enough to allow Miss MacLean to spend September and October, 1936, in Newfoundland. She and Miss Herbert visited schools in many parts of the Colony during this period, with excellent results. At the end of June, 1937, there were 681 Branches and 23,349 members in Newfoundland, very much greater progress than has been made in any province of Canada during the first year of organization.

One very obvious reason of this most impressive year's work is the fact that the heads of both the Department of Education and the Department of Health are solidly behind the movement; in fact, they have initiated it. The one point that might prove a snag has been very carefully safeguarded. Although Junior Red Cross is tied up so closely to Government Departments it is entirely voluntary both on the part of teachers and pupils,—to quite the same extent as it is in Canada.

This organization is an example of the universal nature of Junior Red Cross and its extreme fluidity in fitting itself to existing conditions. I should like to say further that it has been a great pleasure in National office to work with the Newfoundland officials. Their work has been sound and unhurried, and very rich in results.

Miss Browne reports that there are 11,927 branches of the Junior Red Cross in Canada, with a total membership of 364,335. In the three provinces, —British Columbia, Alberta and Ontario—where a modern course of study has recently been introduced, the teachers are turning more eagerly to Junior Red Cross as a practical means of promoting health and right social attitudes. This would seem to indicate that the underlying philosophy of Junior Red Cross is sound and that its literature is keeping pace with modern pedagogy.

Presenting Halifax

MARION F. HALIBURTON

President, Registered Nurses Association of Nova Scotia

Three hundred years ago the mainland of Nova Scotia, was the home of the MicMacs. They were not the ancestors of MacLeods, MacKays, or MacDonalds, but a savage tribe of Indians who fished, hunted and killed one another with simple weapons because they were not civilized. Their god, Glooscap, lived high up on Blomidon, overlooking Minas Basin. He went off in a rage when the white man came—that was how *he* felt about civilization.

As early as 1500 the French had attempted to settle on Sable Island but its shifting sandbars seemed fit for naught but wrecks and wreckage. The Government still keeps a salvage station equipped with men and machinery, on the island. In 1604, the French settled at Port Royal, now Annapolis Royal, and called the country Acadie. For over a hundred years they kept fighting with the British who also wanted to obtain furs and fish, as well as to convert the Indians. In 1621, King James 1 gave the country to his Scotch friend, Sir William Alexander. Of course it was named Nova Scotia (New Scotland) and got by Royal warrant, in 1621, the well known coat of arms and flag of the present day. However, radio and telegraph being what they weren't in those days, news travelled slowly. A splendid victory in the colonies was nullified by a treaty made in Europe before the battle took place, and the victors became the vanquished. Finally the English got hold of the country in 1710, and decided to keep it.

By order of the Lords of Trade and Plantations it was decided that Nova Scotia was to be settled, and a new capital was founded on the shores of Chebucto Bay and was called Halifax, after the President. This was to be the seat of Government and the new Governor, Colonel Edward Cornwallis, arrived in Halifax on June 21, 1749—our natal day. More ships arrived, and over 2500 colonists immediately began to cut down the trees and build homes.

The statue of the gentleman, which stands in the square in front of the Nova Scotian Hotel, is that of Colonel Edward Cornwallis, founder of Halifax, the first town in Canada primarily settled by the British. After a time, the Indians became more peaceful, and now may be seen any Friday or Saturday in the Market. They make baskets, which may be had in a great variety of shape and colour. Haligonians always carry baskets to market.

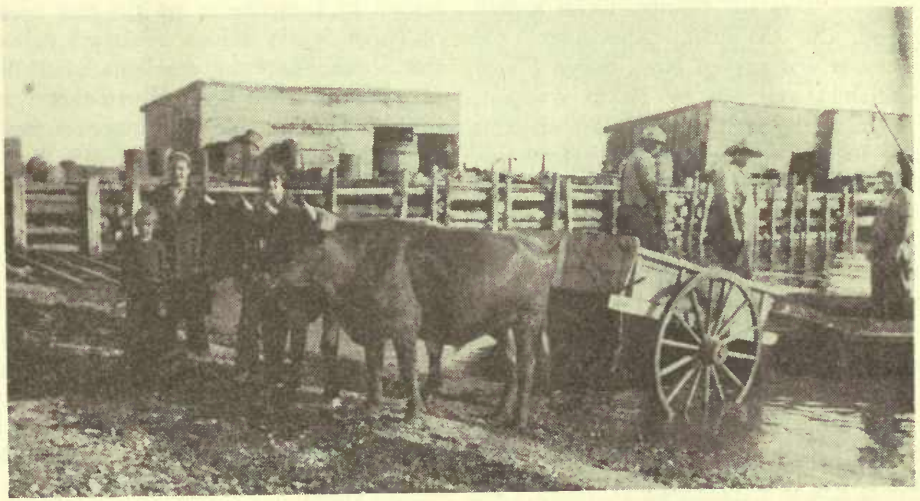
More settlers were needed in the Province so the British Government invited Germans, from King George's kingdom of Hanover. Nearly two thousand came to Halifax, but eventually settled in Lunenburg, on the east coast of Nova Scotia, which is always called the South Shore by residents of Halifax. The railroad going down that way is The Halifax and Southwestern and Lunenburg is the home port of a large fishing fleet.

As Halifax was the seat of the provincial government, a Province House was built to house the various offices. The original building is still used for government sessions though it is 120 years old and many new provincial buildings have been built. The Province House has been the scene of many lively debates. Government House was built in 1820, and is still used as an official residence by our Lieutenant Governor.

The street that the original entrance opened upon became a bit down at the heels, so the driveway was walled up and the back entrance was turned into the front door. Garden parties are held at the back, which used to be the front. Just across the street is a very old graveyard, unused for a century. The candid statements on the tombstones are quite amusing, one even daring to question a doctor's ability.

There are many unique arrangements in Halifax, and the hospital situation is one of them. The Hospital for the City of Halifax was built in 1859. Prior to that date, an almshouse of sorts, and a home for inebriates provided the only institutional accommodation for the sick. In 1887, the Province of Nova Scotia, by shrewd barter with the city of Halifax, acquired the Hospital and, in honour of Queen Victoria's Jubilee, renamed it the Victoria General Hospital. The total accommodation at that time was sufficient for fifty patients, seven of whom could have private rooms. The hospital was surrounded by a high fence and a bull dog was installed to protect the property. Both have long since departed. A clean and plentiful supply of milk was insured by keeping a herd of cows. The milking was done by the ambulance driver. The ambulance was a source of great pride, and was described as "a covered vehicle especially constructed to convey the sick in a recumbent position." Its gong sounded ominously as the horse hurried along.

In 1890, the Victoria General Hospital started its training school for nurses, the first in Nova Scotia. Six nurses graduated in 1892. Now thirty graduate each year. Although the Hospital is located in Halifax, it is owned by the Province, and comes under the authority of the Provincial Department of Public Health. Any doctor in the Province may send his patients to the public wards. The private pavilion accommodates sixty-seven patients and the remaining 185 beds are for public patients. Six thousand patients are admitted year-



A typical Nova Scotian scene

The breaking wave

ly. Miss Strum, the superintendent of nurses is a direct descendant of early settlers, and is therefore a real Nova Scotian. There is no outdoor service. This may be accounted for by the fact that as early as 1855, the Dispensary already existed for the care of the indigent poor. This institution had four attending physicians, three visiting physicians, and a dentist and an apothecary who was one and the same person. A morgue was located in the basement.

Next to the Victoria General Hospital is the provincial pathological laboratory. Its immediate neighbour is the Childrens' Hospital, founded in 1901 with sixteen beds, and a present bed capacity of eighty. It is maintained by endowment, public subscription, and a government grant. There is no outdoor department, but across the street is the Dalhousie Health Centre, to which the student nurses of the Hospital go to get experience in the various clinics.

Immediate neighbour to the Childrens' Hospital is the Tuberculosis Hospital, owned and operated by the City Health Board, which also owns and operates the next building, the Infectious Diseases Hospital. This hospital block is rounded out by a fire station. Now that is what I consider an uncommonly canny arrangement!

In the same block, but across the street, is the Dalhousie Dental School and Dental Infirmary where the embryo dentists work under supervision, and for a scant charge. The Health Centre, commonly called the "Clinic", is where the Dalhousie medical students are given their clinical experience, and the City's poor get the best of care and treatment for nothing. The Health Centre has enough activities to make a story all its own. The Dispensary now has its location in the Health Centre, but still functions as a separate unit. Grace Maternity Hospital is next to the "Clinic" and further along the street is All Saints Cathedral. There are therefore facilities for being married, born, and having a variety of diseases all within a very short distance of one another.

In 1886, the Waverly property was taken over by the Sisters of Charity and used as a Home for Aged Women. One

of the old ladies developed a surgical condition and refused to go to a hospital, so the Sisters turned their Community room into an operating room and the patient made a good recovery. Thus the Halifax Infirmary came into being. There were many financial difficulties. Stretcher cases had to be carried up two flights of stairs and instruments were sterilized in the kitchen. The staff were on duty day and night, trying by hard work to compensate for lack of equipment. In 1933 a new ultra-modern hospital was built and the Infirmary now graduates twenty-four nurses each year and is the only hospital in Nova Scotia with the eight-hour day. This has been in practice for two years, and seems satisfactory. Indeed a contrast to the hours of fifty years ago!

There are many other interesting things about Halifax. It was once a summer station on the Atlantic for the British Navy, as well as a garrison town for a British Regiment, with an Admiral and a General in residence. The regiments were changed every five years and during their stay they made many friends. When they left there was much lamentation. "That's five times them Dockyard gates has made a widow of me" sobbed one sad soul, as the troops marched to the waiting transport. When the Canadians took over the garrison the local people were quite amused to see soldiers from the inland provinces tasting the sea-water to see of it were really salt.

We Canadians have a lot to learn about one another, and the people from our Provinces sometimes seem as though they came from different countries. Come to the Biennnial Meeting of the Canadian Nurses Association and see what it feels like to have the Atlantic at your front door.

REFRESHER COURSE

The School of Nursing of the University of Toronto is planning a refresher course for registered nurses who are interested in communicable disease nursing. This course will be given May 18, 19, 20, and 21, in the School of Nursing, University of Toronto. The course will consist of lectures, discussions and demonstrations. No credits will be given for this work nor will any certificates be awarded. The fee will be $5.00. Applications should be addressed to the Secretary, School of Nursing, University of Toronto. The programme will be based on a study of communicable disease nursing, including acute communicable disease, tuberculosis, syphilis and gonorrhoea. Preventive and clinical aspects will be considered under the following heads; *Lectures*: The medical point of view regarding current practice in (a) acute communicable disease, (b) tuberculosis, (c) syphilis and gonorrhoea, with a consideration of administrative procedures relative to each.

Round Tables: A discussion of nursing problems connected with these diseases as they relate to both the patient and those in contact with him.

Demonstrations: Nursing care in acute communicable disease in home and hospital.

Nursing Care in Poliomyelitis following Isolation Period

JEAN I. MASTEN

Head nurse, Surgical Division, Hospital for Sick Children, Toronto

In considering the nursing care of poliomyelitis after the three weeks isolation period, it is essential to take a long view, and from the first to plan the whole treatment of the patient on a basis that will be workable for many months. One may conveniently consider the treatment in three aspects: (1) the actual bedside nursing care; (2) the physiotherapy treatment; (3) the mental hygiene aspect.

The Bedside Nursing Care: The average patient at the end of three weeks is quite convalescent and requires only general simple nursing care, with the addition of special supervision of certain definite problems. It is usual for the patient to be placed on a Bradford frame and fitted with such splints as are necessary—this is the first and fundamental treatment, and all the rest is based on the patient's requirements and limitations arising from this primary situation.

Pains in the Limbs: These pains seldom last more than two or three weeks, though in some instances they continue for a longer period, and because movement is thusly restricted, induce a considerable degree of joint stiffness. The pain is of a neuritic character, and may be very severe. Sedatives are often ordered, and it relieves the pain to remove the splints and rub the extremities at frequent intervals. These pains gradually disappear and do not recur.

The Skin: Owing to the immobility of the patient and the poor circulation, both the general and local condition of the skin is a real difficulty. It tends to become dry, harsh and inelastic, and to counteract this the arms, legs and back may be rubbed after the bath, with an emulsion of cocoa butter or cocoa nut oil with alcohol. The butter is melted by standing the bottle in warm water, and the cocoa nut oil mixes readily. This mixture lubricates and softens the skin, and is more satisfactory than olive oil or cold cream, as it is not so greasy, is not absorbed by the splint leather, and does not become rancid.

To prevent undue pressure on the back, the ordinary air-ring may be used, but a piece of sponge rubber (Dunlopillo) about 7″ x 7″ or larger, either plain or with a circle cut out, is much more comfortable for small children and relieves the pressure sufficiently.

Pressure sores tend to develop where the splints end at the elbows and especially at the heels. These may arise in two ways: (1) From definite pressure against the limb from the splint, which therefore requires to be bent downwards. (2) It is possible for a patient who has slight muscle power, especially in the plantar flexors, to push against the foot piece of the splint, and move his leg up and down in the splint. The friction of this small movement causes soreness and blisters but a bandage will

sometimes prevent the shifting, if put on with a clove hitch. This difficulty is especially common in young children.

Naturally, prevention is what is aimed at, and if the foot can be removed from the splint and well rubbed several times a day and during the night, the dangers of pressure from straps and from one long-continued position, may be averted. Many surgeons do not allow any additional form of padding to be put in the splint in an attempt to relieve pressure, as they feel the efficiency of the splint is thereby spoiled. Consequently, if a pressure sore does develop, it has seemed best, with the surgeon's consent, to remove the splint for a day or more, meantime keeping the foot in the corrected position with sandbags and eliminating the weight of the clothes with a cradle.

Reddened heels may be treated by rubbing them with alcohol, or better still, by a small dressing of Lassar's paste. This is composed of zinc oxide, olive oil, and salycilic acid, and has proved quite useful. The serious cases have had to be treated as any infected wound, by saline baths, followed by some form of dressing such as hygeol in glycerine, or scarlet red ointment. Owing to the poor circulation to the part, these areas are quick to break down and very slow to heal. When available, treatment by ultra-violet light is helpful in hastening the recovery.

Elimination: Over and above the attention ordinarily paid to elimination, a special problem here arises to be dealt with. Many of these patients have a considerable degree of paralysis of the abdominal muscles, and, therefore, there is a sympathetic diminution in the tone of the intestinal muscle coat, causing stasis and impaction, high up in the bowel.

These patients do not behave like an ordinary case of constipation. They may be having one or even two apparently normal evacuations a day, but suddenly develop a gastric or intestinal upset, with vomiting, crampy pains, and loss of appetite. An ordinary simple enema seldom produces relief, but an oil retention enema is usually effective and a very hard constipated mass is evacuated. This problem was solved by giving a half to one ounces of liquid paraffin, night and morning.

In connection with this point, there is the question of diet. This should be simply the food to which the patient is accustomed, but, naturally, in smaller amounts with plenty of water, fruit and fruit drinks between meals. Children require a quart of milk a day, part of which may take the form of milk soups, cocoa and cream sauces. With the doctor's consent, a teaspoonful of cod liver oil twice a day is valuable for these patients.

Splints and Frames: Customs and opinion differ regarding the methods of employing Bradford frames. In some hospitals the ends of the frame are placed on boxes or tied to the head and foot of the bed, leaving the centre free; in others the frame is placed flat on the mattress. One of the advantages of the frame is its portability—the patient may be taken from room to room, and outdoors, without disturbing the correct position.

Both splints and frames require supervision especially as time goes on; the rope in the frame may slacken, allowing the canvas to sag, and must be tightened if this occurs. After a period of months a child may outgrow the frame which originally suited him, and similarly the splints may become too small or require adjustment. The nurse is often the only person to see these cases and advise them between visits to the clinic, if they live in the country.

The stock splints provided by the Ontario Government are of light construction and may be rather easily broken, the webbing straps become soiled and worn through, and the sponge rubber become detached from the pads. All these things are easily repaired. The government splints are attached to the frames by clamps, and it is very important to keep the screws tightened, as the splint swings out of position when they are loose. It has also been found advisable to raise the head of the frame one or two inches, as adults and older children tend to shift upwards in bed and push their shoulders out of position, thus destroying the alignment of arm and splint.

The time that the splints are removed each day is governed by the surgeon's orders, according to the degree of recovery in the affected muscles. It is usual, in the early stages, to remove the splints only for bathing, massage, and an occasional rub during the twenty-four hours. While he is out of the splints, great care should be taken to avoid positions which would overstretch the weakened muscles. The feet should be supported, and the arms crossed under the forehead, when the patient is turned on his face.

Pillows are used as ordered by the surgeons. Patients with weak abdominal and neck muscles may require one or two as treatment, others may be allowed one for comfort, others none.

Physiotherapy: The physiotherapy treatment of these patients continues as long as there is any possibility of recovery of muscle function, and should be regular and frequent. The mother may be trained to do a great deal, but should be under the supervision of a physiotherapist. In her anxiety to do all she can, there is great danger of over-fatiguing the muscles by too much treatment.

Opinions vary as to the forms physiotherapy should take. These may include massage, passive movements, muscle re-education, galvanism, diathermy, radiant heat, whirlpool baths and exercises in a pool. But whatever mechanical means are employed, the principles and ultimate objects remain the same, that is:

To maintain circulation to the part, thereby preventing trophic changes and as far as possible obviating atrophy.

To maintain normal joint movement and prevent the formation of adhesions.

To prevent stretching of the paralysed muscles by gravity or by overaction of the opposing group.

To re-educate the affected muscles as power returns.

There is no doubt that these treatments mean a great deal in maintaining the patient's morale, in addition to the physical benefit. It is a real event in the day for the patient to have a limb which for so many hours remains immovable in a splint, taken out, massaged, put through its full range of passive movements, and then, for a few seconds, himself to attempt to contract the affected muscles. The encouragement and stimulus of these treatments is of the greatest value during the long and rather uneventful months of recovery. That the patients themselves feel this, is examplified in the letters home, where even children of ten write to say how much they look forward to the treatments.

Mental Hygiene: This important aspect of the work requires definite planning. A very interesting scheme was drawn up for the Ontario Orthopaedic Hospital by Dr. Griffin of the Canadian National Committee for Mental Hygiene, and while it referred especially to children, it is equally true for the older patients. The aims were laid down as follows:

It is the belief that in view of the long convalescent period facing these children, the supervision of their mental health and activities is exceedingly important. One of the chief purposes of the hospitalization period should be to teach these children through educational, recreational and social supervision to face the future with equanimity. They must learn to profit from their long period of idleness by learning healthy mental attitudes as well as useful educational and creative skills. In short, the duty of the hospital should not be only to reduce physical crippling to a minimum, but to prevent the development of any mental crippling.

The hospital programme endeavoured to include only such habits, treatments and recreation as could easily be carried out later in the homes, so that the established routine was transferable. "The whole programme of training must be calculated to encourage him to be cheerful and optimistic. He must be helped to avoid self-pity by directing his thoughts toward all the grand things he can accomplish during his stay in bed."

Activities included music, moving pictures, reading and occupational therapy in its broadest sense. Patients, with both arms in splints, can still read to themselves when provided with adjustable bed tables, and for patients with even one arm available, the occupations are numerous.

As a particular instance of the value of this project, one may cite the children in the Orthopaedic Hospital when it was carried into effect. The patients ranged from two to eighteen years, divided into age groups, the tone of the wards was excellent, and everyone who visited the hospital was struck by the exceptionally contented and happy attitude of the children, who appeared unusually alert and responsive, and quite unconcerned about their splints and frames. Undoubtedly the interwoven recreational and educational programme was largely responsible for this attitude.

A great number of patients upon discharge from hospital, go to homes where the mother carries the whole burden of the household, and if an arrangement can be made for her to come to the hospital for a day or so to receive instruction and actually practise the various nursing procedures which she will have to carry out, her fears and problems can be greatly reduced. During this time, apart from the demonstration, many suggestions can be made by the nurses in the ward, and the hospital health service, to meet special difficulties, and by talking to groups and individuals, the mental health attitude of both parents and child can be stressed and applied practically. This is also an opportunity to specially mention the placing of the bed in the room at home, so as to procure good light by day and night, thus avoiding glare and eye strain; and the necessity of adequate warmth for the arms and legs in splints.

The actual nursing procedures are an essential groundwork for the recovery of the patient, but the other aspects of the after care are so intimately interwoven with his general welfare that to enable him to take his place again in life, he requires all that this triple programme can offer. If by its early and continuous application the tragic aftereffects of past epidemics of poliomyelitis can be prevented, each detail is surely worth infinite precision and patience.

Notes From the National Office

Contributed by JEAN S. WILSON,
Executive Secretary, The Canadian Nurses Association

Executive Committee

The March meeting of the Executive Committee, Canadian Nurses Association, was held in Regina, Saskatchewan. Those attending were: The President, Miss R. M. Simpson; Miss Edith Amas, Saskatoon; Miss Ann Morton, Weyburn; Miss A. F. Lawrie and Miss Helen Jolly, Regina; and the Honorary Secretary, Miss Elsie Wilson, Winnipeg.

The Auditor's Statement for 1937 was received and satisfaction was expressed of the financial situation, particularly in view of the heavy commitments the Association has in connection with community nursing service bureaux, as authorized by the General Meeting in 1936. The reports of the programme and arrangements committees indicated that plans for the General Meeting are well advanced. The Executive expressed its appreciation of the favorable reports received from the publications committee and the editor and business manager of *The Canadian Nurse*.

The Sections reported progress in their plans for the General Meeting in Halifax. The Private Duty Section is continuing its study of the eight-hour day and additional centres report the adoption of the plan.

The Provincial Associations submitted interim reports.

In *Alberta*, Miss A. J. MacLeod, director of the School of Nursing, University of Alberta, has been appointed by the Senate of the University as the representative of the Alberta Association of Registered Nurses to the Inspection of Schools of Nursing Committee.

The Registered Nurses Association of British Columbia reported that special work was being done by its Committee on Dominion Registration.

The Manitoba Association of Registered Nurses has approved the raising of the pass mark for registration examinations to sixty; also, a paper on anatomy and physiology is to be added to these examinations. A large enrolment is anticipated for the Summer School Course.

The New Brunswick Association of Registered Nurses has under consideration a new Bill for Registration of Nurses.

In *Nova Scotia*, the registrar of the Registered Nurses Association has a survey of the Schools of Nursing under way. Arrangements for reciprocal registration have been completed with Newfoundland.

A special study of the plan for Dominion Registration has been arranged by the *Registered Nurses Association of Ontario*, whereby a member of either the National or provincial committee was to visit each district before the annual meeting in April. A survey was made during March in order to obtain further information in regard to "nursing service among the non-hospitalized sick."

A report of the annual meeting of the *Association of Registered Nurses of the Province of Quebec* stated that the meeting was most interesting and successful; the attendance was the largest on record.

The Saskatchewan Registered Nurses Association has undertaken a study in regard to nursing conditions in hospitals throughout the Province. Refresher courses for nurses have been held in Regina and Saskatoon.

The Florence Nightingale Scholarship

The Executive Committee of the Canadian Nurses Association has approved the decision of the Scholarship Award Committee in selecting a candidate for the scholarship offered by the Association. The Florence Nightingale Memorial Scholarship for 1938-1939 is awarded to Miss Bianca Mary Beyer, of Toronto, a graduate of the School of Nursing of the Toronto General Hospital, Class of 1927.

This scholarship provides for a year of study in the International Nursing Courses offered by the Florence Nightingale International Foundation and maintenance at the Florence Nightingale International House, in London, England.

Miss Beyer has selected the Course for Nurse Administrators and Teachers in Schools of Nursing.

General Meeting

All sessions of the General Meeting of the Canadian Nurses Association will be held in the Nova Scotian Hotel, Halifax, from July 4 to 9, 1938. The programme was published in the April number of the *Journal* and large supplies of reprints have been sent to the Provincial Associations.

The programme is devoted chiefly to the presentation of studies and developments thereof to certain recommendations in the Report of the Survey of Nursing Education in Canada (1932), namely: the establishment and conduct of community nursing service bureaux (see the *Journal*, February 1938) and the reorganisation of nurses' registries; (2) Dominion registration for nurses, a proposed plan for which may be found in the *Journal* for February 1938; (3) a standardized curriculum for schools of nursing. Over nine hundred copies of A Proposed Curriculum for Schools of Nursing in Canada have been distributed for study and application in approved schools of nursing since the General Meeting in 1936. Reports will be made also on other projects in which the Association is engaged.

Two evening sessions are to be held. The customary banquet is scheduled for Tuesday, July 5, while on Friday night, July 8, following an interesting programme, a reception is arranged which will be honoured by the presence of Miss Effie Taylor, President of the International Council of Nurses.

Latest reports from the Arrangements Committee indicate that the nurses of Nova Scotia are making every effort to provide their colleagues from the other provinces with many conveniences as well as means for entertainment.

Alumnae and other groups are asked to communicate with Miss G. E. Strum, Victoria General Hospital, who will make arrangements for any special functions. It is proposed that these functions be held on Wednesday, July 6, from 5 p.m. As the City of Halifax adopts daylight saving time, shore picnics, (weather permitting) are suggested.

A luncheon, followed by the annual meeting of the Overseas Nursing Sisters Association of Canada, is scheduled for Wednesday. Miss Laura Hubley, National President, is in charge of these arrangements.

Suggestions regarding travel arrangements to Halifax will be found in the April number of the *Journal*, page 195. Those who wish assistance in securing reservations for accommodation may write to Miss Catherine Graham, 60 Seymour Street, Halifax. Religious Sisters should write to Sister Anna Seton, Halifax Infirmary. Weekly passes, which cost $1.25, are issued for use on the street cars in Halifax; also, five tickets for $1.00 are procurable for taxi fares anywhere within the city limits.

INTERNATIONAL NURSING COURSES

The Florence Nightingale International Foundation has issued the Calendar 1938-39 for the International Nursing Courses.

In future, an additional subject, Nursing Education, will be available for selection as well as those subjects now contained in Group A: which include Public Health Nursing; Family Case Work; Principles of Hospital and Training School Administration. Nursing Education is intended for nurses who wish to prepare themselves for teaching in schools of nursing. The course will include lectures on Training School Administration and Principles of Education and Methods of Teaching. The practical work connected with this course will be carried out in selected training schools under the guidance of the Sister Tutors. The lecturer in Methods of Teaching will direct the practice teaching classes.

Students who make application for special courses outside the curriculum are requested to state specifically the nature of the study they wish to undertake and their exceptional qualifications for this study.

Recently the University of London approved the International Nursing Course for recognition and students taking the full course will in future be eligible for registration as Associate Students of the University of London.

NIGHTINGALE MEMORIAL FUND

Further contributions to the Florence Nightingale Memorial Fund have been received as follows:

Alberta

A.A., Calgary General Hospital	$10.00
Graduate Nurses Association, Calgary	10.00
Overseas Nurses Club, Edmonton	10.00
A.A., Royal Alexandra Hospital, Edmonton	10.00
A.A., University Hospital, Edmonton	10.00

British Columbia

Nursing Staff, St. Luke's Hospital Powell River	10.00
Nursing Staff, Kelowna Hospital	16.00
Trail Nurses	7.20
Nanaimo District Graduate Nurses Association	10.00
Nursing Staff, Shaughnessy Hospital, Vancouver	6.00
Overseas Nurses Association, Victoria	3.00
St. Eugene School of Nursing, Cranbrook	$5.00
Nursing Staff, Mission Memorial Hospital	1.25
Graduate Nurses Association, New Westminster	25.00
Science Girls Club, Vancouver	15.00
Overseas Nurses Association, Vancouver	10.00
Nursing Staff, Jubilee Hospital, Vernon	5.00
A.A., St. Joseph's Hospital, Victoria	5.00
Nursing Staff, Royal Jubilee Hospital, Victoria	12.00
Student Nurses, Royal Jubilee Hospital, Victoria	20.00

Manitoba

A.A., Winnipeg General Hospital	100.00

New Brunswick

New Brunswick Nurses	140.00

Ontario

A.A. McKellar Hospital, Fort William	10.00
Staff Nurses, General Hospital, Hamilton	14.50
Student Nurses, University of Ottawa School of Nursing, Ottawa	10.00
Student Nurses, Ottawa Civic Hospital, Ottawa	45.00
Florence Nightingale Club, Renfrew	5.00
A.A., Public Hospital, Smiths Falls	5.00
Staff Nurses, Ontario Hospital, New Toronto	8.30
A.A., Women's College Hospital, Toronto	5.00
A.A., St. Joseph's Hospital, Toronto	10.00
Graduate Staff and Students, Hospital for Sick Children, Toronto	38.00
A.A., Toronto General Hospital	100.00
Overseas Nursing Sisters Association, Toronto	10.00
A.A., Grace Hospital, Windsor	10.00
A.A., Hotel Dieu, Windsor	10.00
Florence Nightingale Association, Windsor	5.00

Quebec

A.A., The Montreal General Hospital	60.00

Saskatchewan

A.A., Saskatoon City Hospital	5.00
Graduate Nurses Association, Prince Albert	5.00

THREE WAYS TO THE SEA

Having reached Montreal on your way to the sea, the question is which way onward—by rail, road or water? Fast trains, with air conditioned cars, leave Montreal several times a day for Saint John and Halifax. If travelling by the Canadian National Railways, "The Ocean Limited" steams out into the night along the south shore of the St. Lawrence to Mont Joli. There it turns south, through the beautiful Matapedia Valley, which can be viewed from the wide windows of the dinner at breakfast time, skirts the shore of the Baie de Chaleur, on through New Brunswick to Moncton, over the Tantramar Marshes, into Nova Scotia and finally arrives in Halifax in the late evening. The Canadian Pacific Railway follows a different route, through Maine and New Brunswick to Saint John, from thence a two-hour sail over the Bay of Fundy, and via the Dominion Atlantic Railway trains from Digby through the great fruit-growing districts and the Land of Evangeline to the terminus at Halifax. Either way is very pleasant —and just long enough to be restful.

"The Ocean Limited"
Courtesy of Canadian National Railways.

In these days of better roads, travel by motor presents a growing appeal. There are several routes and one might go one way and come back another. A

friend, who has done it, has these suggestions to make:

Montreal to Quebec along the North Shore. Perhaps spend the evening sightseeing, and stay over night in that historic city. Ferry across the river to Levis and follow the south shore of the mighty St. Lawrence to Rivière du Loup where you will be ready for a good meal at the hotel. On to Mont Joli, and south through the far-famed Matapedia Valley to the town of Matapedia, with a possible overnight stop in the heart of a beautiful district. A few miles onward to Campbellton, where your watch goes forward one hour to Atlantic time. Skirting the Baie de Chaleur, one sees across the water the hills of Gaspé rising dark and mysterious in the distance. On and on, south into New Brunswick through Dalhousie, Bathurst, Newcastle, across the Miramichi River to Chatham, Moncton, Shediac, (a bit off the main road but with a particularly delightful Inn) Sackville, or Amherst. Any of them would be good places to spend the night. Then to Halifax, the whole trip easily covered in four days or less.

For the return home, try the Land of Evangeline route to Digby, cross Fundy by steamer, car and all, to Saint John. By the way, it is worth seeing how these ships and piers accommodate themselves to the rise and fall of a thirty foot tide twice in twenty-four hours. From Saint John, pretty much as the crow flies, through New Brunswick, Maine, New Hampshire and the White Mountains, Vermont and to Montreal, or on into Ontario. One could reverse this itinerary by coming via the United States and returning the St. Lawrence way. In this case, a side trip around the Gaspé Peninsula would be delightful.

Last, but by no means least, if you have the time and love the water, consider the delightful sail down the St. Lawrence, a side trip up the Saguenay, on across the Gulf, a whole day out of sight of land, with later glimpses of the Bird Rocks and the lonely light houses of the Magdalen Islands. Then rounding the northermost tip of Cape

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Breton to Sydney. The trip might be made on the sturdy little "Belle Isle"—ask the Newfoundland-Canada Steamships, 315 St. Sacrement St., Montreal, for information. While at Sydney, a trip to Louisbourg would be of interest. Finally on to Halifax, a day or night trip by train, or with luck, perhaps the little boat from Sydney through those inland salt lakes called Bras D'Or, or Arm of Gold, boarding the train at Point Tupper on the Strait of Canso. Sometimes it is possible to get passage on a freighter or other ship at Montreal direct for Halifax. Inquire at the steamship offices.

Did we say three ways to the sea? What of a fourth? We have not tried it ourselves but would any one care to make history by blazing the way by *air* to a meeting of the Canadian Nurses Association? A. E. F.

CORRESPONDENCE

Australia—and Alberta!

I was interested to read in *The Canadian Nurse* that "the present nursing situation in England is worth careful study. There may be no exact parallel in Canada, but there are some striking resemblances and contrasts." I should like to point out a few facts which should be taken into consideration in comparing standards of nursing in Canada with those in any other country and which seem to me to be usually ignored. There are two points of view in regard to standards of nursing: (1) The standard of nurses turned out from training schools; (2) The standard of nursing available to the public.

Recently I spent three days at a hospital and nurses convention in Edmonton, where the subject of the standards of both was much under discussion, and any visitor would feel that our standards were quite high. Yet no mention is made of the fact that we have in Alberta a number of "so-called hospitals" which do not conform to any of the standards which were under discussion.

Last year I spent three months in Australia and relieved a Bush nurse for one month. I also spent a week visiting other centres with the supervisor and so saw a good deal of service in the rural areas. They have no hospitals corresponding to our "so-called hospitals", neither do they need them. Small hospitals abound, but all have a graduate nurse in charge who, if maternity cases are taken, must also have had nine-months midwifery training. Seventy Bush nurses in New South Wales fill the needs in more sparsely settled areas and, with their midwifery and Truby King training, are well equipped for their work. Under-

graduates, or nurses with only their midwifery training, are to be found in some of the smaller hospitals but always with a graduate nurse in charge. We in Alberta pride ourselves that no undergraduates are employed in hospitals other than training schools, forgetting or possibly quite ignorant of those "so-called hospitals" which are not even inspected by a graduate nurse. Surely it would be better if the undergraduate and practical nurses were employed in a larger hospital in a subordinate capacity, and the small hospital were staffed by at least one graduate nurse.

What is the standard of nursing in Canada in 1938? To answer this honestly our unqualified nurses must be taken into consideration—and our un-nursed public—and I feel strongly that the public in New South Wales is better served than the public in Alberta. Though there is no set-up for public health training as we have it, and no university degree in nursing, there are far more child welfare and pre-natal clinics available to the public and the nurses in charge are better equipped with their Truby King and their midwifery training than we are with our public health course. I saw no such highly developed health centres as we have in two towns in Alberta with university graduate nurses to assist the doctors. But all rural schools are visited by a doctor and a dentist, and all children up to the age of ten have free dental treatment.

Another interesting comparison I made on my travels was at Singapore. Here child welfare has been wonderfully developed within the past ten years. A clinic, which I visited with the supervising English sister, had a resident Chinese nurse with a three-year training and six months midwifery, and a Chinese midwife with one-year training who could not read or write. This last little lady I accompanied on two post-natal visits and her work was excellent. There are still the old native midwives who have no training but they are being gradually eliminated and those remaining are encouraged to attend the clinics for advice for their patients and for practical instruction in their work. What have we done in Canada for the Indian midwife, or the mother of young chil-

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Montreal, Canada

ROYAL ALEXANDRA SCHOLARSHIP

The Alumnae Association of the School of Nursing of the Royal Alexandra Hospital, Edmonton, offers a Scholarship to a graduate of this School who is in good standing in the Association. The sum of $250.00 will be provided if the applicant proposes to take a post-graduate course in a University. If the course is to be taken in a Hospital, the amount available is $125.00. Application forms may be obtained from the Scholarship Committee at the Royal Alexandra Hospital, Edmonton, Alta. Applications will be received until June 1, 1938.

dren? Education along these lines would be of more value than getting Indian children through the eighth grade.

Perhaps after sixteen years in rural Alberta my point of view is probably more public than professional!

Olive F. Watherston,
Provincial District Nurse,
Breton, Alberta.

Unprofessional Conduct

In the March issue of *The Canadian Nurse* an article was published entitled "Unprofessional Conduct". Personally I agree with the writer. Unprofessional conduct on the part of a nurse, whether she be on or off duty, reflects more unfavourably upon the ideals of the nursing profession than upon the standing of the individual nurse. The good reputation of any profession is dependent upon the conduct of its members.

It is also true that we, as nurses, are compelled to live up to more rigid rules and regulations than members of other professions if we wish to maintain the standard given us by our pioneers in the field of nursing. No nurse can expect the public to be convinced by her ideas of right living, as she teaches them, if she, herself, does not live up to them and it would be impossible for her to meet all classes of people, in sickness and in health, at all hours of the day and night, if she is not at all times prepared to do so.

Any nurse who cannot live up to the standard given us by the pioneer nurses is not a credit to the profession, or to herself, or to the community in which she lives. Perhaps the greatest rule ever laid down for human conduct, professional or non-professional, is 'The Golden Rule", Matthew 7-12. We cannot afford to let the standard of nurses sink to the level of 1800 A.D.

Delma Wilkins, Reg. N.,
Annapolis County, N. S.

NOVA SCOTIA ANNUAL MEETING

The Registered Nurses Association of Nova Scotia will hold its annual meeting at New Glasgow on June 2 and 3, in the auditorium of the New Glasgow High School, on St. Albert Street. A banquet has been arranged at the Norfolk Hotel for Thursday evening, June 2, when it is expected that a guest speaker will deliver an address. Another pleasant event will be a tea and drive to the Green Hill Look-off and Museum. This is a famous beauty spot in Pictou County. The convener of the committee on arrangements is Miss Pearl MacDonald.

RACIAL REALISM

Miss Margaret Lawrence, newspaper woman and author of "The School of Femininity", gave an address entitled "Twentieth Century Women" at the annual dinner of the Alumnae Association of the University of Toronto School of Nursing recently held in Toronto. Miss Lawrence traced the growth of feminism through the nineteenth century to the present, and showed the link between it and the democratic ideal, which is in considerable peril to-day. In a comparison of the principles of democracy and dictatorship, Miss Lawrence pointed out that the ideology of totalitarian systems is very hard on women. She expressed the hope, however, that the fundamental racial realism of women would bring back to them an enthusiasm for their own cause and that of the race.

Mrs. G. W. Hanna, president, welcomed the students of the graduating classes, both post-graduate and undergraduate, who were guests of the Alumnae Association on this occasion. The director, Miss E. K Russell, spoke briefly, with special reference to developments within the school during the past year, and thanked the Alumnae Association for continuing evidence of its loyal co-operation and support.—D.M.P.

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For neutralizing excess acidity Phillips' Milk of Magnesia offers the advantage of having no carbonates or bicarbonates, which, according to Cushny* "seems to stimulate gastric secretion and to increase the acidity after a temporary diminution."

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*Cushny, Arthur R., A Textbook of Pharmacology & Therapeutics, 10th ed. revised by Edmunds and Gunn, Lea & Febiger.

VICTORIAN ORDER OF NURSES

Transfers:

Miss Mary Chepesiuk has been transferred from the Sudbury staff to Cobalt as nurse-in-charge; Miss J. MacKinlay has been transferred from the Dartmouth staff to the position of nurse-in-charge at Sackville; Miss Marguerite Northrup has been transferred from the Halifax staff to New Glasgow as nurse-in-charge; Miss Mary MacIlveen has been transferred from Digby to Lachine; Miss Marion Spence has been transferred from the Border Cities staff to take charge of the newly-opened Leamington, Ontario, branch.

Admissions:

Miss Martha Earle has been admitted to the Hamilton staff; Miss J. L. Cunningham has been admitted to the Dartmouth staff; Miss Harriet Brydon has been admitted as nurse-in-charge at Digby.

Resignations:

Miss Bertha Waldron has resigned from the Cobalt branch; Miss Jessie Hart has resigned from Sackville; Miss Orpha Bush has resigned from New Glasgow; Miss K. F. Docker has resigned from Lachine; Miss Joan MacKenzie has resigned from the Toronto staff.

OVERSEAS NURSING SISTERS ASSOCIATION

Miss Josie Cameron, secretary-treasurer of the Overseas Nursing Sisters Association of Canada, has requested the *Journal* to publish the following notice:

The members of the Overseas Nursing Sisters Association of Canada, who are attending the Biennial Meeting of the Canadian Nurses Association in Halifax, are hereby advised that the Overseas Nursing Sisters biennial meeting and luncheon will be held at the Nova Scotian Hotel on Wednesday, July 6. The visiting members will be entertained by the Nova Scotian Unit of the Overseas Nursing Sisters Association on Friday afternoon, July 8, at the Ashburn Golf and Country Club.

A Graduation Gift

OH NURSE! is the life of a nurse-in-training delightfully portrayed in humorous caricature by Merle Olive Watson, R.N. Copies may be ordered from the author at

404 Victoria Ave. N., Hamilton, Ontario

Price, $1.00 per single copy, 3 copies for $2.00 post paid.

NEWS NOTES

ALBERTA

MEDICINE HAT:

The Alumnae Association of the School of Nursing of the Medicine Hat General Hospital has elected the following officers for the coming year: President, Miss C. M. Clibborn; first vice-president, Mrs. W. A. Fraser; second vice-president, Miss M. E. Huchcroft; secretary, Mrs. W. A. Isom; treasurer, Mrs. W. J. Devlin. The committee conveners are: membership, Mrs. M. Tobin; visiting, Mrs. J. Keohane. Mrs. M. Tobin was appointed representative to the Private Duty Section and Miss A. E. Pederson to *The Canadian Nurse* and press.

BRITISH COLUMBIA

VANCOUVER:

A meeting of the Vancouver Graduate Nurses Association was held recently at St. Paul's Hospital. The programme consisted of two very interesting papers prepared by Miss Elizabeth Breeze and Miss Mabel F. Gray. Miss Breeze presented the report of the Committee on Dominion Registration and led a discussion on this subject. Miss Gray presented a progress report of the committee which is studying the Nurses Registry. A great deal of work has been done by the committee, and it was decided to cooperate with the Alumnae Associations of St. Paul's Hospital and the Vancouver General Hospital in proceeding further with this study.

Married: On March 12, 1938, Miss Moira A. McLeod (St. Luke's Hospital, Spokane) to Mr. James Cherrington.

Married: Recently, Miss Edna Elizabeth Matheson (Vancouver General Hospital) to Mr. Frank Petrie.

Married: Recently, Miss Anna Marguerite Caven (Vancouver General Hospital) to Dr. Henry G. Granat.

NELSON:

A meeting of the Nelson Graduate Nurses Association was held recently at the Kootenay Lake General Hospital, with thirty-five members present. Two new members, Miss Elsie Smith of Vancouver (Vancouver General Hospital) and Miss J. Ibbotson of Kamloops (Royal Inland Hospital) were introduced. Several films were known relating to minor surgery, pediatrics and thoracoplasty. These were presented with the assistance of Dr. T. A. Auld and Mr. J. Argyle. Members of the Medical Association were invited to attend. A social hour followed.

MANITOBA

BRANDON:

At a recent meeting of the Brandon Graduate Nurses Association it was decided that the annual dinner should be held on May 3 and the guest speaker is to be Miss R. Simpson, O.B.E., President of the Canadian Nurses Association. Nurses from outside points are to be invited to attend. All meetings for the coming year are to be held in the Nurses Residence of the General Hospital. A nominating committee was named to appoint the officers for the coming year. A social hour concluded the evening.

NEW BRUNSWICK

SAINT JOHN:

The Saint John Chapter of Registered Nurses recently held its regular meeting with Miss Margaret Murdoch, the president, in the chair. There was a large attendance. Plans for a bridge, to be held for the benefit fund, were made with Miss Belle Howe as general convener. An address on Credit Unions was given.

Miss Thelma Russel (St. J. G. H., 1935) has left for Rochester, Minn. to take a post-graduate course in surgery.

Married: On March 27, 1938, Miss Mildred Dodge (St. J. G. H., 1936) to Mr. Russel Fowler.

ST. STEPHEN:

The members of the Local Chapter of Registered Nurses of New Brunswick presented Miss Mabel McMullin with a travelling case in appreciation of her long and valued services as president of this Chapter. Miss Reta Follis of Pembroke, Ontario, has been superintendent of the Chipman Memorial Hospital since last September, replacing Miss Grace A. K. Moffat of Montreal. Miss Laura McLean has accepted a position as assistant X-ray technician on the staff of the Chipman Memorial Hospital. Miss Clara Boyd, instructress of the Chipman Memorial Hospital Training School, attended the Refresher Course recently held under the auspices of the McGill School for Graduate Nurses.

NOVA SCOTIA

HALIFAX:

Miss Marguerite Northrup has been transferred from the Halifax branch of the Victorian Order of Nurses to the New Glasgow branch. Miss Northrup took her post-graduate course in public health nursing at the McGill University School of

A. R. N. P. Q. Scholarships

The Board of Management, Association of Registered Nurses of the Province of Quebec, is pleased to announce that two scholarships of $300.00 each will be awarded this year to English and French speaking members in good standing in the Association wishing to follow post-graduate courses.

Application forms may be obtained from the office of the Association, Suite 1019, Medical Arts Building, 1538 Sherbrooke St. W., Montreal, and should be returned completed before June 1, 1938.

Montreal General Hospital Scholarship

The Alumnae Association of the Montreal General Hospital School for Nurses offers a scholarship of $300.00 to a member of the Association, to assist her in undertaking, during the Session 1938-39, any of the regular courses given in the School of Nursing, McGill University, Montreal. The courses include: Teaching and Supervision in Schools of Nursing; Administration in Hospitals and Schools of Nursing; Public Health Nursing; Administration and Supervision in Public Health Nursing.

For further information, and the necessary forms, please apply to Miss Mary S. Mathewson, Montreal General Hospital. Completed applications should be returned not later than June 15, 1938.

Nursing. Miss Mary Guadet (C.G.H., P. E. I.) has resigned from the Halifax branch of the Victorian Order of Nurses to be married. Miss Eleanor Grew (H. S. C., Toronto) has resigned as instructor of nurses at the Halifax Children's Hospital. She is succeeded by Miss Jessie McCann (H.C.H.). Miss McCann recently took a post-graduate course at the McGill University School of Nursing. Miss Elsie Ogilvie (V.G.H.) and Miss Jean MacIsaac (V.G.H.) are taking post-graduate courses at the Montreal Neurological Institute.

ONTARIO

District 1

SARNIA:

A reorganization meeting of the Study Club was held recently at the home of Miss Eileen Hunt. It was decided that it should continue to hold its meetings in the homes of the members. Twenty-five nurses from the district of Sarnia attended the annual meeting of District I, R. N. A. O., in London.

Married: Recently, Miss Edna McKenzie to Mr. Harry Whittmore.

Married: Recently, Miss Florence Arnold to Mr. Kenneth Fraser.

Districts 2 and 3

BRANTFORD:

Miss Kate Charnley of the Brantford General Hospital staff sailed for home recently after spending a vacation with her sister at Christchurch, New Zealand. The Florence Nightingale Club was entertained recently when the members of the Alumnae Association of the Brantford General Hospital acted as hostesses. Miss Dorothy Herson, (B. G. H.) has accepted a position in St. Joseph's Hospital, at Phoenix, Arizona.

GUELPH:

The Alumnae Association of the School of Nursing of the Guelph General Hospital has been greatly privileged in enjoyed lectures of outstanding merit. Professor W. H. Sproule, head of the Dairy Department of the Ontario Agriculture College, recently gave an instructive illustrated talk on milk, its value in the diet, and the procedures in making it safe for general consumption. Dr. F. H. C. Baugh, of the staff of the Homewood Sanitorium, gave an excellent address on the symptoms and manifestations of mental illness. The student

nurses were invited to attend these lectures.

A charming tea took place recently sponsored by the Alumnae Association. Over two hundred guests were received by Miss Campbell, superintendent of the Hospital, and Miss L. Ferguson, president of the Alumnae Association. A substantial sum was realized which will be devoted to various activities of the Association. The penny sale which was conducted by Mr. W. J. Fairweather and Miss M. Dent was very popular.

GUELPH:

The regular meeting of St. Joseph's Hospital Alumnae Association was held recently with a good attendance. Miss Kay Bolger, president of the Association, was chosen as a delegate to attend the Registered Nurses Association of Ontario convention in Kingston. Dr. L. A. Loree was guest speaker, taking as his topic prenatal care.

DISTRICT 4

ST. CATHARINES:

The March meeting of the Public Health Group, Registered Nurses Association of Ontario, District 4, Niagara Peninsula, took place at St. Catharines, with members present from Welland, Niagara Falls and Beamsville. Miss Comfort, of the Niagara Peninsula Sanatorium Staff, gave an interesting account of the refresher course given at Toronto University School of Nursing on "Records". A dinner meeting was held on April 4 by the same group at St. Catharines. Mrs. A. R. Lindsay was the guest of honour, and out-of-town guests came from Thorold, Welland and Niagara Falls. Miss Anna Oram of Welland presided. Dr. A. R. Lindsay was the speaker and his subject "Problems of Children" proved most instructive and interesting. The last meeting of this group for the season will be held on May 9.

DISTRICT 5

TORONTO:

District Five, Registered Nurses Association of Ontario, held a special meeting to discuss Dominion Registration, on April 1, at the Toronto General Hospital. Approximately eighty members were present. Miss Irene Weirs, district chairman, presided, and Miss Mary Millman led the discussion, assisted by Miss Jean Gunn and Sister St. Albert. Each clause of the revised report was carefully dealt with, and the meaning of the various terms explained. Ample op-

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Hamilton General Hospital

The Golden Jubilee of the School of Nursing of the Hamilton General Hospital will take place in June, 1940. Will all graduates of this School kindly send their present addresses (and those of their classmates) to the Secretary of the Alumnae Association, in care of the Training School Office,

Hamilton General Hospital
HAMILTON, ONT.

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Director Of Nursing
Children's Memorial Hospital
Montreal.

portunity was given for discussion, after which Miss Weirs voiced the sincere appreciation of the members of District Five for the time and effort so generously given by members of the committee on Dominion Registration in directing the study of this important matter.

TORONTO:

At a gathering at the residence of the Hospital for Sick Children, Toronto, presentations were made to Miss Norena Mackenzie, newly appointed superintendent of nurses at the Jeffrey Hale's Hospital, Quebec; to Miss Marjorie Rossiter, who has resigned as head nurse of the medical floor; to Miss Frances Crawford, head nurse of the infectious ward and to Miss Dorothy Tindale, head dietitian, who are resigning to be married.

Miss Jean Beallie (H. S. C., 1937) is now on the staff of the Toronto Hospital for Consumptives, Weston. Miss Jessie Murdoch is doing private duty nursing in England. Miss Helen Clayton has been appointed head nurse of the infectious ward.

Married: Recently, Miss Jean Beaton (H. S. C., 1925) to Mr. Walter Reiber.

Married: Recently, Miss E. E. Hugill (H. S. C., 1937) to Mr. Donald Steel.

Married: Recently, Miss Greta Fenton (H. S. C., 1937) to Mr. Clarence Parker.

TORONTO:

The Grant Macdonald Alumnae Association recently held a reunion dinner which was followed by a reception in honour of Miss Pearl L. Morrison, Reg. N., F. B. C. N., superintendent of the Toronto Hospital for Incurables. The visitors numbered about sixty and included several nurses who graduated as far back as 1908 as well as those who graduated as recently as 1934, when the training school was discontinued. Greetings to Miss Morrison were brought by a representative of each class and good wishes were received from graduates of the school from Montreal and New York as well as such distant places as Labrador, Jamaica, China, South Africa and London, England. The toast to Miss Morrison was given by Miss Weeks, president of the Alumnae Association and Miss Ivy Ostic's toast to the staff was responded to by Miss Ida Groat, secretary-treasurer of the Hospital. Miss E. Lawson was the convener of the committee on arrangements and was assisted by Miss Phyllis Lawrence, Miss Isabel Lucas and Miss Dorothy Whetstone.

TORONTO:

The Alumnae Association of the School of Nursing of St. Michael's Hospital has

elected the following officers for the coming year: Honorary president, Reverend Sister Norine; honorary vice-president, Reverend Sister Jeanne; president, Miss Helen Hyland; first vice-president, Miss K. Grogan; second vice-president, Miss H. Kerr; third vice-president, Miss C. Bond; treasurer, Miss M. Pilon; assistant treasurer, Miss C. Cronin; corresponding secretary, Miss A. McNamara, 119 Wellesley Crescent; recording secretary, Miss M. Foreman. Miss M. Solheld, Miss M. Brennan, Miss M. Berger and Miss M. Hughes were appointed councillors. Miss E. Van Lane was elected editor and Miss Peg McDonald, press representative. The representatives to the Registry are Miss R. Grogan and Miss A. Romano; to the public health section, Miss H. Cronin; to the nursing education section; Miss M. McDonell.

District 6

Cobourg:

A meeting of Chapter B., District 6, Registered Nurses Association of Ontario, was held recently at the Ontario Hospital, Cobourg, with Miss Polson presiding. The attendance was thirty-seven. Letters were read regarding the Christian Student Movement, the revised report of Dominion Registration, the Nursing Service Bureau, the Permanent Education Fund and Red Cross Enrolment. Miss Shaw, superintendent of nurses in the Ontario Hospital, gave a most instructive paper on mental nursing, after which a demonstration was given by two of the graduates of the hospital staff. A social hour followed.

District 7

Brockville:

The Alumnae Association, staff and student nurses of the Brockville General Hospital recently met to commemorate the birth of Florence Nightingale. Misses Barnes, Saunders and Ormerod, all of whom are student nurses, read papers prepared under the supervision of Miss Gertrude Gibson, instructress of nurses, dealing with nursing in the pre-Christian era, the transportation of Modern nursing into Canada and the United States, and the life of Florence Nightingale. These were all very interesting and were illustrated by the use of lantern slides. The Alumnae Association voted a contribution of ten dollars to the Florence Nightingale Memorial Fund. An enjoyable social hour followed.

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Province of Ontario

EXAMINATION ANNOUNCEMENT

An examination for the Registration of Nurses in the Province of Ontario will be held in May.

Application forms, information regarding subjects of examination and general information relating thereto, may be had upon written application to

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District 8

Ottawa:

The Nursing Education Section of District 8, Registered Nurses Association of Ontario, held its first meeting of the year under the chairmanship of Sister Madeleine de Jésus, of the Ottawa General Hospital. Very interesting were the reports of the Refresher Course recently held in Montreal. The meeting was well attended and an active and worth while year is anticipated.

The Public Health Section of District 8 held a very successful meeting recently. Dr. J. J. Heagarty, of the Department of Pensions and National Health, gave an excellent paper entitled "A present day picture of public health in Canada."

The first meeting of the year of the Private Duty Section was recently held at the King's Daughters Guild. An address on the newer medicines was given by Dr. J. E. Plunkett and was followed by a most interesting and stimulating discussion.

Ottawa:

Miss Mildred Arnold (Ottawa Civic Hospital, 1933) has recently been appointed to the staff of the Niagara Falls General Hospital, Niagara Falls, Ontario, as supervisor of the obstetrical department.

Miss Hilda Elliott (Ottawa Civic Hospital, 1931) is taking a post-graduate course at the Royal Victoria Montreal Maternity Hospital.

District 9

New Liskeard:

A further survey of the non-hospitalized sick in Ontario has just been carried on in District 9, Registered Nurses Association of Ontario, and 260 questionnaires have been sent out. This was done through the co-operation of the nurses who called on individual doctors, and by means of questionnaires which were sent to doctors in districts where there are no nurses to give assistance.

Miss E. MacP. Dickson spent ten days in District 9 and spoke at the six Chapter meetings explaining the revised Report on Dominion Registration of Nurses in Canada. The meetings took the form of dinner and supper meetings, which were well attended and much interest displayed. The District is deeply indebted to Miss Dickson and to the Provincial Association for arranging the itinerary and for the financial assistance given.

Mrs. North, formerly public health nurse in Cochrane, has accepted the position of tuberculosis nurse in Kirkland Lake. Miss Waldron, formerly Victorian Order Nurse in Cobalt, has been appointed public health nurse in Cochrane.

QUEBEC

Montreal:

The Alumnae Association of St. Mary's Hospital has elected the following officers for the coming year: President, Mrs. Kelsch; vice-president, Miss Kee; secretaries, Miss Robellard and Miss Sullivan; treasurer, Miss Martin. The members of committees are as follows: entertainment, Miss Quinn, Miss Preston, and Miss M. E. MacDonald;

visiting, Miss Morris, Miss Kane, and Miss Carrol; press committee, Miss Garing and Miss M. J. Morris.

MONTREAL:

In the March issue of *The Canadian Nurse* among other items from the Montreal General Hospital, the president of the Alumnae Association, Miss Mary Mathewson, has brought to our attention that in two years time the fiftieth anniversary of the founding of the School for Nurses will take place. It is earnestly desired that all graduates of the School will communicate with Miss Strumm, in care of the Training School Office, giving their addresses and other information of interest in this coming celebration.

Married: On April 9, 1932, Miss Ina M. Harvie (M.G.H., 1937) to Mr. J. Alvah Johnston.

MONTREAL:

Miss Bridges, of St. Thomas's Hospital, London, was recently a guest of the School of Nursing of the Royal Victoria Hospital. Miss Bridges is studying the nursing situation in Canada under the auspices of the Rockefeller Foundation.

Miss Thelma MacKenzie (R. V. H., 1932) has been appointed to the staff of the teaching department of the School of Nursing of the Royal Victoria Hospital and Miss Margaret Cogswell, B.A., (R. V. H., 1937) succeeds her as head nurse of the men's medical ward. Miss Margaret Heeney (R. V. H.,) who has been head nurse of the paediatric ward, has accepted a staff position at the hospital in Trail, B. C., Miss Grace Vanderwater (R. V. H.) is replacing her. Miss Charlotte Foster (R. V. H., 1936) has been appointed assistant night supervisor in the Ross Pavilion.

MONTREAL:

Married: Recently, Miss E. MacRae, (Homeopathic Hospital), to Dr. R. Cox.

QUEBEC:

Miss N. Mackenzie (M. G. H.) has accepted a position as Lady Superintendent of Jeffrey Hale's Hospital. Miss Belyea and Miss Astle (J. H. H., 1938) are taking post-graduate courses in obstetrics at the Royal Victoria Hospital. Miss Matheson and Miss D'Aubin are taking post-graduate courses at the Laurentian Sanatorium, St. Agathe. Miss Burgess has accepted a position on the staff of The Children's Memorial Hospital, Montreal. The Alumnae Association recently gave a bridge party in aid of the Sick Benefit Fund.

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I did not know, Oh! God, I did not know
The risks I took. I had so lately come
To this new land, and only sought to scare
The prairie wolf whose howls had chilled my blood
Those darksome nights, as from the mine I turned
By unfamiliar paths to that small shack
I shared with other men of my own race.
I had left all behind, wife, children, all
The dear familiar things of my old home.
The sunny skies, the vineyards, and green fields,
Gardens, and olive-trees—and poverty!
This place is not so fair, a mining town
Shut in by rocky hills, dark woods, and snow,
So cold on wintry days. But there was work
And pay, and so new hope that I could bring
My dear ones to the home which I should build.
But now all things are changed and I am doomed
Never to see the face of wife or child,
Never again to work with pick or spade,
Never to go, like others, for my pay,
That stick of dynamite has ended all!
I must live on but never more shall see.
Have pity God, for I were better dead!
Yes, better dead it seems, yet live I must,
And living learn to serve with these maimed hands
My own and others' needs; then hear me now
And in Thy great compassion give me peace.
Here where I sit and think of all the past
And of the future which now seems so dark,
The sunlight falls on me, the sweet Spring air
Brings healing to these wounded hands and eyes,
And I can dwell on thoughts of those I love.
They tell me trees will soon be green, and flowers
Will grow among these hills. I have not seen
This land in summer time, but in my dreams
I see my own dear land where Spring has come
And all is bright and fair. The children play
For they are happy still, but she, my wife
Stands in our cottage doorway while she calls
"Come home, my man, or I must come to you."
And though from dreams of home or happier days
I wake again to blindness and despair,
The desperate mood born of my loss has passed.
I *will* live on, and trust that there is yet
A place for me, and somehow I shall learn
To earn my bread in ways I have not known.
Oh! let hope grow again that for their sakes,
My wife, my children, I may yet be strong.

Marion E. Moodie

OBITUARY

BELLAMY—

On April 1, 1938 the death occurred, after a lengthy illness, of Mrs. Dorothy (Fripp) Bellamy. Mrs. Bellamy was a graduate of the School of Nursing of St. Paul's Hospital, Vancouver, B. C.

FORREST—

The death occurred recently of Miss Ethel Forrest, a graduate of the School of Nursing of the Jeffrey Hale's Hospital, Quebec. The sympathy of the Alumnae Association is extended to her relatives.

Official Directory

International Council of Nurses
Executive Secretary, Miss Anna Schwarzenberg, 51 Palace Street, London, S.W.1., England.

CANADIAN NURSES ASSOCIATION

Officers

President ..... Miss R. M. Simpson, Parliament Buildings, Regina, Sask.
First Vice-President ..... Miss G. M. Fairley, General Hospital, Vancouver, B.C.
Second Vice-President ..... Miss M. L. Moag, 1246 Bishop Street, Montreal, P.Q.
Honorary Secretary ..... Miss E. J. Wilson, 592 Henderson Highway, Winnipeg, Man.
Honorary Treasurer ..... Miss M. Murdoch, General Hospital, Saint John, N.B.

COUNCILLORS AND OTHER MEMBERS OF EXECUTIVE COMMITTEE

Numerals preceding names indicate office held, viz: **(1)** ***President, Provincial Nurses Association;*** **(2)** ***Chairman, Nursing Education Section;*** **(3)** ***Chairman, Public Health Section;*** **(4)** ***Chairman, Private Duty Section.***

Alberta: (1) Miss Kate S. Brighty, Administration Building, Edmonton; (2) Miss H. S. Peters, University Hospital, Edmonton; (3) Miss R. Chittick, Normal School, Calgary; (4) Mrs. M. Tobin, 385-4th Street, Medicine Hat.

British Columbia: (1) Miss G. M. Fairley, General Hospital, Vancouver; (2) Miss A. Cavers, Vancouver General Hospital; (3) Miss M. Kerr, Eburne; (4) Miss M. Teulon, 4237 Granville St., Vancouver.

Manitoba: (1) Miss Edith McDowell, Nurses Residence, General Hospital, Winnipeg; (2) Miss F. Roach, St. Boniface Hospital, St. Boniface; (3) Miss A. McKee, 604 Medical Arts Building, Winnipeg; (4) Miss T. Greville, 797 Broadway, Winnipeg.

New Brunswick: (1) Mrs. G. E. Van Dorsser, Health Centre, Saint John; (2) Sister Corinne Kerr, Hôtel Dieu Hospital, Campbellton; (3) Miss A. Burns, Health Centre, Saint John; (4) Miss Kathleen Lawson, 84 Wright St., Saint John.

Nova Scotia: (1) Miss Marion Haliburton, 40 South St., Halifax; (2) Miss Eleanor Grew, Children's Hospital, Halifax; (3) Miss A. Slattery, Windsor; (4) Miss Anna Brennan, 53 Pine St., Dartmouth.

Ontario: (1) Miss E. Cryderman, 281 Sherbourne St., Toronto; (2) Miss R. M. Beamish, General and Marine Hospital, Owen Sound; (3) Miss M. Walker, Institute of Public Health, London; (4) Miss Madalene Baker, 249 Victoria St., London.

Prince Edward Island: (1) Sr. Stanislaus, Charlottetown Hospital, Charlottetown; (2) Miss Anna Mair, P. E. I. Hospital, Charlottetown; (3) Miss Ina Gillan, 277 Kent St., Charlottetown; (4) Miss G. MacGuigan, Charlottetown Hospital, Charlottetown.

Quebec: (1) Miss M. L. Moag, 1246 Bishop Street, Montreal; (2) Miss M. Batson, The Montreal General Hospital, Montreal; (3) Miss A. Peverley, 2090 Claremont Ave., Apt. 46, Montreal; (4) To be appointed.

Saskatchewan: (1) Miss A. F. Lawrie, Regina General Hospital, Regina; (2) Miss Edith Amas, City Hospital, Saskatoon; (3) Miss Ann Morton, Weyburn; (4) Miss Helen Jolly, 1301 15th. Ave., Regina.

CHAIRMEN, NATIONAL SECTIONS

NURSING EDUCATION: Miss M. Lindeburgh, School for Graduate Nurses, McGill University, Montreal. PUBLIC HEALTH: Miss A. E. Wells, Dept. of Health, 655 Portage Ave., Winnipeg. PRIVATE DUTY: Miss J. L. Church, 120 Strathcona Ave., Ottawa.

Executive Secretary: Miss Jean S. Wilson, National Office, 1411 Crescent St., Montreal, P.Q.

OFFICERS OF SECTIONS OF CANADIAN NURSES ASSOCIATION

NURSING EDUCATION SECTION

CHAIRMAN: Miss M. Lindeburgh, School for Graduate Nurses, McGill University, Montreal; VICE-CHAIRMAN: Miss E. Amas, City Hospital, Saskatoon; SECRETARY: Miss E. F. Upton, Ste. 1019 Medical Arts Bldg., Montreal; TREASURER: Miss A. J. MacLeod, University Hospital, Edmonton, Alta.

COUNCILLORS: **Alberta:** Miss H. S. Peters, University Hospital, Edmonton. **British Columbia:** Miss A. Cavers, Vancouver General Hospital. **Manitoba:** Miss F. Roach, St. Boniface Hospital, St. Boniface. **New Brunswick:** Sister Corinne Kerr, Hôtel Dieu Hospital, Campbellton. **Nova Scotia:** Miss Eleanor Grew, Children's Hospital, Halifax. **Ontario:** Miss R. M. Beamish, General and Marine Hospital, Owen Sound. **Prince Edward Island:** Miss Anna Mair, P. E. I. Hospital, Charlottetown. **Quebec:** Miss M. Batson, The Montreal General Hospital, Montreal. **Saskatchewan:** Miss E. Amas, City Hospital, Saskatoon.

PRIVATE DUTY SECTION

CHAIRMAN: Miss J. L. Church, 120 Strathcona Ave., Ottawa; FIRST VICE-CHAIRMAN: Miss K. B. MacCallum, 181 Enfield Crescent, Norwood, Man.; SECOND VICE-CHAIRMAN: Miss Helen Cameron, 2165 Lincoln Ave., Apt. 8, Montreal, SECRETARY-TREASURER: Miss Mary Ingram, Royal Ottawa Sanatorium, Ottawa.

COUNCILLORS: **Alberta:** Mrs. M. Tobin, 385-4th St., Medicine Hat. **British Columbia:** Miss M. Teulon, 4237 Granville St., Vancouver. **Manitoba:** Miss T. Greville, 797 Broadway Ave., Winnipeg. **New Brunswick:** Miss K. Lawson, 84 Wright St., Saint John. **Nova Scotia:** Miss Anna Brenan, 53 Pine St., Dartmouth. **Ontario:** Miss Madalene Baker, 249 Victoria St., London. **Prince Edward Island:** Miss G. MacGuigan, Charlottetown **Quebec:** To be appointed. **Saskatchewan:** Miss Helen Jolly, 1301 15th Ave., Regina.

PUBLIC HEALTH SECTION

CHAIRMAN: Miss A. E. Wells, Dept. of Health, 655 Portage Ave., Winnipeg; VICE-CHAIRMAN: Miss M. Kerr, Eburne; SECRETARY-TREASURER: Miss Isabel McDiarmid, 363 Langside St., Winnipeg.

COUNCILLORS: **Alberta:** Miss R. Chittick, Normal School, Calgary. **British Columbia:** Miss M. Kerr, Eburne. **Manitoba:** Miss A. McKee, 604 Medical Arts Bldg., Winnipeg. **New Brunswick:** Miss A. Burns, Health Centre, Saint John. **Nova Scotia:** Miss A. Slattery, Windsor. **Ontario:** Miss M. Walker, Institute of Public Health, London. **Prince Edward Island:** Miss Ina Gillan, 277 Kent St., Charlottetown. **Quebec:** Miss A. Peverley, 2090 Claremont Ave., Apt. 46, Montreal. **Saskatchewan:** Miss Ann Morton, Weyburn.

Provincial Associations of Registered Nurses

ALBERTA

Alberta Association of Registered Nurses

President, Miss Kate S. Brighty, Administration Building, Edmonton; First Vice-President, Sister Mansfield, Holy Cross Hospital, Calgary; Second Vice-President, Miss Margaret S. Fraser, Royal Alexandra Hospital, Edmonton; Secretary-Treasurer-Registrar, Mrs. A. E. Vango, 11109-83 Ave., Edmonton; *Chairmen of Sections*: *Nursing Education*, Miss Helen S. Peters, University Hospital, Edmonton; *Public Health*, Miss R. Chittick, Normal School, Calgary; *Private Duty*, Mrs. M. Tobin, 385-4th St., Medicine Hat.

BRITISH COLUMBIA

Registered Nurses Association of British Columbia

President, Miss G. M. Fairley, Vancouver General Hospital; First Vice-President, Miss E. G. Breeze; Second Vice-President, Miss M. Duffield; Secretary, Miss F. Walker, 520 Vancouver Block, Vancouver; Registrar, Miss Helen Randal, 520 Vancouver Block, Vancouver; *Councillors*: Miss E. Clarke, New Westminster; Miss L. Mitchell, Victoria; Miss Helen Randal, Miss K. I. Sanderson, Vancouver; Sister Mary Beatrice, Victoria; *Conveners of Sections*: *Nursing Education*, Miss A. Cavers, Vancouver General Hospital; *Public Health*, Miss M. E. Kerr, Eburne; *Private Duty*, Miss M. Teulon, Vancouver.

MANITOBA

Manitoba Association of Registered Nurses

President, Miss E. McDowell; First Vice-President, Miss E. Russell; Second Vice-President, Rev. Sister St. Irma; Third Vice-President, Miss D. Muir; Hon. Secretary, Miss Lynette Gunn; *Members of Board*: Miss T. Wiggins, Winnipeg General Hospital, Miss D. Muir, Brandon Mental Hospital, Sister St. Irma, St. Joseph's Hospital, Winnipeg; Miss C. Day, Children's Hospital, Winnipeg, Miss J. Morrison, 122 Ethelbert St., Winnipeg, Miss J. Archibald, Shriners' Hospital, Winnipeg, Miss M. Wilkins, 753 Wolseley Ave., Winnipeg, Rev. Sister Clermont, St. Boniface Hospital, Miss Alice Laporte, St. Boniface Health Unit, Miss L. Gunn, 604 Medical Arts Bldg., Winnipeg, Miss F. Rowell, Dauphin, Miss F. Roach, St. Boniface; *Conveners of Sections*: *Nursing Education*, Miss F. Roach, St. Boniface Hospital, St. Boniface; *Public Health*, Miss A. McKee, 604 Medical Arts Bldg., Winnipeg; *Private Duty*, Miss T. Greville, 797 Broadway, Winnipeg; *Conveners of Committees*: *Social*, Miss K. McLearn, Shriners' Hospital, *Visiting*, Miss M. Baldwin, Grace Hospital; *Press*, Miss E. Margarson, 107 Smithfield Ave., Winnipeg; *Membership*, Miss K. McCallun, 181 Enfield Crescent, Winnipeg; *Library*, Miss Elsie Wilson, 668 Bannatyne Ave., Winnipeg; *Finance*, Miss R. Dickie, 103 Chestnut St., Winnipeg; *Nightingale Memorial Foundation*, Miss R. Dickie; *Representative to*: *The Canadian Nurse*, Miss Pearl Brownell, 215 Chestnut St., Winnipeg; Secretary-treasurer, Miss Gertrude Hall, 214 Balmoral St., Winnipeg.

NEW BRUNSWICK

New Brunswick Association of Registered Nurses

President, Mrs. G. E. van Dorsser, Health Centre, Saint John; First Vice-President, Miss A. J. MacMaster; Second Vice-Pres., Mrs. A. Woodcock; Hon. Sec., Sister Kenny; *Councillors*: Miss F. Breau, Moncton; Miss Hadrill, Newcastle; Miss E. Brown, Fredericton; Miss McMullen and Miss Boyd, St. Stephen; Miss M. Myers, Saint John; Miss Tulloch, Woodstock; Secretary-Treasurer-Registrar, Miss M. E. Retallick, 262 Charlotte St., West Saint John; *Conveners of Sections*: *Nursing Education*, Sister Kerr; *Private Duty*, Miss K. Lawson; *Public Health*, Miss A. Burns; *Conveners of Committees*: *Legislation*, Miss H. Dykeman; *Representative to The Canadian Nurse*, Miss L. Smith.

NOVA SCOTIA

Registered Nurses Association of Nova Scotia

President, Miss Marion Haliburton, 40 South St., Halifax; First Vice-Pres., Miss Edith Fenton; Sec. Vice-Pres., Miss Lenta Hall; Third Vice-Pres., Sister Anna Seton; Rec. Secretary, Miss Mary Saxton; Treasurer, Corresponding Secretary and Registrar, Miss Muriel Graham, 413 Dennis Bldg., Halifax. *Representative to The Canadian Nurse*: Miss Katherine Jamer.

ONTARIO

Registered Nurses Association of Ontario

President, Miss E. Cryderman; First Vice-President, Miss C. Brewster; Second Vice-President, Miss J. L. Church; Secretary-Treasurer, Miss Matilda E. Fitzgerald, 3 Willcocks St., Toronto; *Chairmen of Sections*: *Nursing Education*, Miss R. M. Beamish, General and Marine Hospital, Owen Sound; *Private Duty*, Miss Madalene Baker, 249 Victoria St., London; *Public Health*, Miss M. Walker, Institute of Public Health, London; *Chairmen of Districts*: Miss D. Shaw, Miss S. A. Campbell, Miss I. MacIntosh, Miss I. Weirs, Miss E. Young, Miss M. Bliss, Miss G. Tanner, Miss H. Smith, Miss V. Belluz.

District 1

Chairman, Miss D. Shaw; Vice-Chairman, Miss L. Horwood; Secretary-Treasurer, Miss L. Langford, 555 N. Christina St., Sarnia; *Councillors*: Misses A. Campbell, A. Claypole, L. Pettypiece, J. Paul, I. Murray, B. Young; *Convenors*: *Nursing Education*, Miss M. Smith; *Private Duty*, Miss T. Mosey; *Public Health*, Miss E. Cummings; *Permanent Education*, Mrs. H. Smith; *Publications*, Miss N. Williams; *Membership*, Adjutant Barr.

Districts 2 and 3

Chairman, Miss S. A. Campbell; First Vice-Chairman, Miss F. Ashplant; Second Vice-Chairman, Miss D. Arnold; Sec.-treas., Miss H. D. Muir, Brantford General Hospital, Brantford; *Councillors*: Misses L. Ferguson, M. Costello, G. May-

nard, M. Meggitt, M. McCorkindale, Mrs. K. Cowie; *Conveners*: *Nursing Education*, Miss P. Bluett; *Public Health*, Miss A. Fennell; *Private Duty*, Mrs. Elizabeth Sebire.

District 4

Chairman, Miss I. M. MacIntosh; First Vice-Chairman, Miss A. Boyd; Sec. Vice-Chariman, Miss M. Buchanan; Sec.-treas., Miss C. Sheridan, 29 Augusta St., Hamilton; *Councillors*: Misses K. Turney, D. Scott, C. E. Brewster, A. Wright, C. McDonald, Rev. Sister M. Monica; *Conveners*: *Public Health Nursing*, Miss A. Oram; *Private Duty*, Miss S. Murray; *Nursing Education*, Miss G. Bamforth.

District 5

Chairman, Miss Irene Weirs; Vice-Chairman, Miss L. Gamble; Secretary-Treasurer, Miss K. McNamara, 48 Spruce Court, Spruce and Sumach; *Councillors*: Misses F. Matthews, M. Quinn, A. Neill, A. Schiesele, A. Thompson, E. Moore; *Committee Conveners*: *Private Duty*, Miss W. Hendrikz; *Nursing Education*, Miss E. Williams; *Public Health*, Miss L. Webb.

District 6

Chairman, Miss E. G. Young; Vice-Chairman, Miss E. Reid; Sec.-treas., Miss L. Stewart, 340 Rubidge Street, Peterborough; *Committee Conveners*: *Private Duty*, Miss L. Ball; *Public Health*, Miss M. Poulson; *Nursing Education*, Miss H. Collier; *Membership*, Miss E. Earshman; *Publications*, Miss E. Young.

District 7

Chairman, Miss M. F. Bliss; Vice-Chairman, Miss E. Moffatt; Sec.-treas., Miss Gertrude E. Gibson, Brockville General Hospital; *Councillors*: Misses B. Hamilton, O. Wilson, V. Manders, G. Gore, J. Guess and Miss McDermott; *Committee Conveners*: *Nursing Education*, Miss L. D. Acton; *Pubilc Health*, Miss Ross; *Private Duty*, Miss A. Church; *Representative* to *The Canadian Nurse*, Miss B. Graham, Connell Research, Kingston.

District 8

Chairman, Miss Grace Tanner; Vice-Chairman, Miss Evelyn Pepper; Secretary, Miss E. Coon, Ottawa Civic Hospital; Treasurer, Miss E. Allen, 340 Somerset St. W., Ottawa; *Councillors*: Misses G. Clarke, J. Church, E. Webb, S. Carmichael, H. Wilson, D. Moxley; *Committee Conveners*: *Nursing Education*, Rev. Sister Madeline de Jesus; *Private Duty*, Miss D. Ogilvie; *Public Health*, Miss D. Lodge.

District 9

Chairman, Miss H. E. Smith; Vice-Chairman, Miss J. Smith; Sec., Miss R. Densmore, 199 Kohler St., Sault Ste. Marie; Treas., Miss R. Buchanan; *Councillors*: Misses M. Clutchery, E. Bunn, J. Laing, E. Gordon, J. Thomas, B. Waldron; *Conveners of Sections*: *Private Duty*, Miss M. Delaney; *Nursing Education*, Rev. Sister St. Philip; *Public Health*, Miss E. Franks.

District 10

Chairman, Miss Vera Belluz, St. Joseph's Hospital, Port Arthur; First Vice-Chairman, Miss May Kirkpatrick; Secretary-treasurer, Miss Jessie Brown, McKellar Hospital, Fort William; *Councillors*: Rev. Sister Mélanie, Misses F. Hamm, Isobel McLellan; Maureen Gillick, Gladys Young, Fay Gleeson.

PRINCE EDWARD ISLAND

Prince Edward Island Registered Nurses Association

President, Rev. Sister Stanislaus, Charlottetown Hospital; Vice-Pres., Miss Florence Lavers, Summerside; Treasurer and Registrar: Rev. Sister Mary Magdalen, Charlottetown Hospital, Charlottetown; *Recording Secretary*, Miss Hattie MacLaine, P. E. I. Hospital; *Conveners of Sections*: *Nursing Education*, Miss Anna Mair. P.E.I. Hospital; *Private Duty*, Miss G. Mac Guigan, Charlottetown Hospital; *Public Health*. Miss Ina Gillan, Charlottetown.

QUEBEC

Association of Registered Nurses of the Province of Quebec (Incorporated, 1920)

Advisory Board: Misses Mabel F. Hersey, Jean S. Wilson, Marion Lindeburgh, Rév. Soeur Godefroy d'Amiens, Rév. Soeur M. Gauthier, Mlle Marguerite Taschereau, President, Miss Margaret L. Moag; Vice-President (English), Miss Eileen C. Flanagan; Vice-President (French), Rév. Soeur Valérie de la Sagesse; Honorary Secretary, Mlle Suzanne Giroux; Honorary Treasurer, Miss C. M. Ferguson; *Members without Office*: Misses Mabel K. Holt, Marion E. Nash, Miles Marie Roy, Juliette Trudel, Alice Albert; *Conveners of Sections*: *Private Duty* (English), to be appointed; *Private Duty* (French), Mlle Lucienne Daoust, 261-5eme avenue, Verdun; *Nursing Education* (English), Miss Martha Batson, The Montreal General Hospital; *Nursing Education* (French), Rév. Soeur Marleau, Hôpital Notre-Dame, Montréal; *Public Health* (bi-lingual), Miss Ann Peverley, Department of Health, City of Westmount; *Board of Examiners*: Miss Olga V. Lilly (convener), Royal Victoria Montreal Maternity Hospital, Misses Flora Aileen George, K. L. Annesley, Katherine MacLennan, Mesdemoiselles M. Anysie Déland, Alexina Marchessault, A. Rita Guimont; Executive Secretary, Registrar and Official School Visitor, Miss E. Frances Upton, Room 1019, Medical Arts Buildings, 1538 Sherbrooke St. W., Montreal.

SASKATCHEWAN

Saskatchewan Registered Nurses Association (Incorporated, 1917)

President, Miss Annie F. Lawrie, General Hospital, Regina; First Vice-President, Miss Ann Morton, Weyburn; Second Vice-President, Rev. Sister O'Grady, St. Paul's Hospital, Saskatoon; *Councillors*: Miss Mathilda Diederichs, Grey Nuns' Hospital, Regina; Miss Christina MacDonald City Hospital, Saskatoon; *Conveners of Standing Committees*: *Public Health*, Miss Ann Morton, Weyburn; *Private Duty*, Miss Helen Jolly, 1301 15th Ave., Regina; *Nursing Education*, Miss Edith Amas, City Hospital, Saskatoon; Secretary-Treasurer, Registrar and Advisor, Schools for Nurses, Miss K. W. Ellis, 1761 Scarth St., Regina.

Regina Registered Nurses Association

Hon. President, Miss A. Lawrie; Hon. Vice-President, Sister Tougas; President, Miss G. McDonald; First Vice-President, Miss A. Cleaver; Second Vice-President, Miss M. McGrath; *Committees*: *Visiting*, Miss D. Kerr; *Entertainment*, Miss H. Jolly; *Press and Rep.* to *The Canadian Nurse*, Miss M. Armatage; Sec., Miss K. Morton 3114 Victoria Ave.; Registrar-Treasurer, Miss M. Armatage.

Associations of Graduate Nurses

Overseas Nursing Sisters Association of Canada

Honorary Presidents: Miss Margaret MacDonald, R.R.C., L.L.D., Matron-in-Chief; Miss Edith Rayside, R.R.C., C.B.E., M.A.Sc., Matron-in-Chief, Canada; Mrs. G. Stuart Ramsey; President, Miss Laura M. Hubley, R.R.C., Halifax, N.S.; First Vice-President, Miss Margaret MacKenzie, R.R.C.; Second Vice-President, Miss Blanche Anderson; Third Vice-President, Mrs. John Turner (N/S A. M. Blackwell); Secretary-Treasurer, Miss Josie Cameron, 3 Coburg Apts., Halifax, N. S.

ALBERTA

Calgary Association of Graduate Nurses

President, Miss F. E. C. Reid, Red Cross Hospital; First Vice-President, Miss O. Zimmerman; Second Vice-President, Mrs. Bothwell; Secretary, Miss A. Young, 923-13th Ave. W.; Treasurer, Miss Mary Watt, Anderson Apts.

Edmonton Association of Graduate Nurses

President, Miss M. Deane-Freeman, 10033-107 St.; First Vice-President, Miss Mitchell; Second Vice-President, Miss Standing; Secretary, Miss J. Davidson, Royal Alexandra Hospital; Treasurer, Mrs. Chorley, 11748-95 St.; *Executive Committee*: Miss Gavin, Miss Owen, Miss Dickson; Registrar, Miss A. Sproule, 11138-Whyte Ave.

Medicine Hat Graduate Nurses Association

President, Miss C. M. Clibborn; First Vice-Pres., Mrs. W. A. Fraser; Second Vice-Pres., Miss M. Huchcroft, Sec., Mrs. W. A. Isom, 44-8th St., N. E.; Treas., Mrs. W. J. Devlin; *Committee Conveners*: Membership, Mrs. M. Tobin; *Visiting*, Mrs. J. Keohane; *Representative*: to *Private Duty Section*, Mrs. M. Tobin; to *The Canadian Nurse*, Miss A. E. Pederson.

BRITISH COLUMBIA

Nelson Registered Nurses Association

Hon. President, Miss V. B. Eidt; President, Miss M. Ahier; First Vice-Pres., Mrs. J. G. Bennett; Second Vice-Pres., Miss E. Smith; Sec., Miss J. McVicar, 623 Mill St., Nelson; Treas., Miss N. Passmore; *Committee Conveners*: *Ways and Means*, Miss M. Patterson; *Programme*, Miss L. McVicar; *Social*, Mrs. A. M. Banks; *Private Duty*, Miss P. Gansner; *Membership*, Mrs. T. Homersham; *Visiting*, Miss S. Keeler.

New Westminster Graduate Nurses Association

Hon. President, Miss E. Clark; President, Mrs. J. Wright; First Vice-Pres., Miss E. H. Gouldburn; Second Vice-Pres., Miss E. Gow; Sec., Miss E. Wrightman, 447 Columbia St.; Treas., Miss A. Macphail; Representative to *The Canadian Nurse*, Misses Lovering and Naven.

Vancouver Graduate Nurses Association

President, Miss Mabel Gray, 3677-12th West; First Vice-President, Miss Olive Cotsworth, Vancouver General Hospital; Second Vice-President, Mrs. Beattie, Ioco; Secretary, Miss D. McDermott, 2525 York; Treasurer-registrar, Miss L. G. Archibald, 536-12th West; *Councillors*: Misses M. Motherwell, A. Reid, S. Gardiner, C. Cooper, K. Lee; *Committee Conveners*: *Programme*, Mrs. L. Dugdale; *Social*,, Miss H. Bartch; *Visiting*, Miss M. Wismer; *Directory*, Miss C. McKay; *Membership*, Miss J. Jamieson; *Representative*: to *The Canadian Nurse*, Miss A. Reid; to *Press*, Miss D. Stewart.

Victoria Graduate Nurses Association

Hon. Presidents, Miss L. Mitchell, Sister Superior Mary Alfreda; President, Miss E. Toynbee; First Vice-President, Miss M. Mirfield; Second Vice-President, Mrs. Bothwell; Secretary, Miss H. Andrews, 2825 Prior St.; Treasurer, Miss W. Cooke; Registrar, Miss E. Franks, 1015 Mirfield Road; *Executive Committee*: Misses T. Locke, F. Crampton, D. Frampton, M. Sangster, Mrs. Strachan.

MANITOBA

Brandon Graduate Nurses Association

Honorary President, Miss Birtles, O.B.E.; Honorary Vice-President, Mrs. W. H. Shillingham; President, Miss V. Vance; First Vice-President, Miss D. Longley; Second Vice-President, Miss Clare McIntee; Secretary, Miss E. Fotheringham, 2211 Rosser Ave.; Treasurer, Mrs. D. L. Johnson; Registrar, Miss Christina Macleod, Brandon General Hospital; *Committee Conveners*: *Social*, Mrs. E. Hannah; *Visiting*, Mrs. Grant Pearson; *Representatives* to: *Private Duty Section*, Miss Pearl Finlay; *Press*, Miss M. Peacock.

ONTARIO

Smiths Falls Graduate Nurses Association

Hon. Presidents, Miss Bliss, Miss Clarke; First Vice-Pres., Miss M. Foster; Second Vice-Pres., Mrs. Bell; Sec., Miss D. Gilmour; Treas., Miss H. Durant; *Committee Conveners*: *Social and Flower*, Miss M. McBride, Miss D. Cavell, Miss M. Willoughby, Miss I. McLeod, Mrs. James; *Press*, Miss M. Fraser; *Representative* to *Local Council of Women*, Miss Condie, Mrs. Bell.

QUEBEC

Montreal Graduate Nurses Association

Hon. President, Miss L. C. Phillips; President, Miss E. G. Leys, 3545 Park Avenue; First Vice-President, Miss A. Jamieson; Second Vice-President, Miss M. S. Bright; Secretary-Treasurer, Miss M. K. M. Drummond, 1230 Bishop Street; Directress of Nursing Service Bureau, Miss F. A. George; Chairman, Nursing Service Bureau, Miss E. F. Upton; Registrars, Misses E. Clark, E. Gruer, E. Young; *Convenor*, Griffintown Club, Miss G. Colley. Regular Meeting held on second Tuesday of January, first Tuesday of April, October and December.

Alumnae Associations

ALBERTA

A.A., Calgary General Hospital

Honorary President, Miss S. McDonald; Honorary Vice-President, Miss J. Connal; President, Mrs. R. Straker; First Vice-President, Mrs. C. A. Choate; Second Vice-President, Miss L. Bibby; Recording Secretary, Mrs. M. Caffery; Corresponding Secretary, Miss P. Morrish, 21 Argyle Court; Treasurer, Mrs. F. Hammill; *Press Representative,* Miss Dorothy Thomas.

A.A., Royal Alexandra Hospital, Edmonton

Hon. President, Miss F. Munroe; President, Mrs. H. Elwell; First Vice-Pres., Miss Deane-Freeman; Second Vice-Pres., Mrs. J. F. Thompson; Rec. Sec., Miss A. Henderson; Corr. Sec., Miss O. Hryvnak, Royal Alexandra Hospital; Treas., Miss L. Einarson; *Members of the Executive:* Misses Holm, G. Allyn, Fraser; *Committee Conveners: Visiting,* Miss I. Johnston; *Social,* Miss E. Fleming; *Programme,* Miss Sheldon; *News Letter,* Miss M. Fraser.

A.A., University of Alberta Hospital, Edmonton

Hon. President, Miss H. Peters; President, Miss A. Dickson; First Vice-Pres., Miss R. Thompson; Second Vice-Pres., Miss D. Stephenson; Rec. Sec., Miss M. Hood; Corr. Sec., Miss C. Evenden, 11148-82 Ave.; Treasurer, Miss E. Campbell, University of Alberta Hospital; *Executive Committee:* Mrs. G. Aides, Misses I. Ross, M. Loggan.

A.A., Lamont Public Hospital, Lamont

Hon President, Mrs. M. A. R. Young; President, Miss Olga Scheie; First Vice-President, Mrs. G. Archer; Second Vice-President, Mrs. G. Harrold; Secretary-Treasurer, Mrs. B. I. Love, Lamont; Corr. Sec., Miss F. E. Reid, 1009-20th Ave. W., Calgary; *Convener, Social Committee,* Mrs. R. Shears.

BRITISH COLUMBIA

A.A., Vancouver General Hospital, Vancouver

Hon. President, Miss G. Fairley; President, Miss Fyvie Young; Vice-Pres., Miss L. McCulloch; Rec. Sec., Miss M. Miller; Corr. Sec., Miss M. Barton; Treas., Miss C. Walker; *Committee Conveners: Visiting,* Mrs. F. Hobbs; *Social,* Miss M. Thornton; *Refreshment,* Miss C. Thomas; *Programme,* Miss A. Reid; *Representatives to: The Canadian Nurse,* Miss M. McPherson; *Press,* Miss G. Wallbridge; *V. G. N. A.,* Miss E. Matheson; *Mutual Benefit Association,* Miss D. Bulloch.

A.A., Royal Jubilee Hospital, Victoria

President, Mrs. Russell; First-Vice-Pres., Miss R. Kirkendale; Second Vice-Pres., Mrs. G. M. Duncan; Secretary, Miss H. Baillies, 914 McClure St.; Assist-Sec., Miss I. Donald; Treasurer, Mrs. A. Dowell, 30 Howe St.; *Committees: Social,* Miss M. Dickson; *Visiting,* Miss E. Newman; *Press,* Mrs. G. Bothwell.

A.A., St. Joseph's Hospital, Victoria

Hon. Pres., Sr. M. Alfreda; Hon. Vice-Pres., Sr. M. Gregory; Pres., Mrs. J. Moore; First Vice-Pres., Miss K. Gann; Second Vice-Pres., Miss H. Andrews; Rec. Sec., Miss E. Collins; Corr. Sec., Miss B. Locke, St. Joseph's Hospital; Treas., Miss D. Dixon; *Councillors:* Mesdames F. Bryant, A. Sinclair, W. Moore, Miss C. Devereaux.

MANITOBA

A.A., St. Boniface Hospital, St. Boniface

Hon. President, Rev. Sister Krause; Hon. Vice-President, Mrs. H. S. Crosby; President, Mrs. J. L. O'Shaughnessy; First Vice-President, Miss K. McCallum; Second Vice-President, Miss J. Williamson; Corr. Secretary, Miss M. Maloney, Ste. 3, Dussault Blk., Aulneau St.; Rec. Secretary, Miss E. Green; Treas., Miss J. Archibald; Archivist, Miss C. Code; *Committee Conveners: Social,* Miss A. Metcalfe; *Membership,* Mrs. J. Howden; *Visiting,* Miss A. Danilovitch; *Press,* Miss E. H. Margarson; *Representative to: M.A.R.N.,* Miss M. Wilson; *The Canadian Nurse,* Miss B. Bodie; *Directory Committee of M. A. R. N.,* Miss C. Ward; *Local Council of Women,* Mrs. E. Van Buren.

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PUBLISHED BY THE CANADIAN NURSES ASSOCIATION

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JUNE 1938

The Snively Medal Awards

The President of the Canadian Nurses Association is pleased to announce the award of the Mary Agnes Snively medals for the year 1938. In accord with the decision of the General Meeting in 1934 they are given once in each biennium in honour of and as a memorial to the Founder of the Association, Mary Agnes Snively to "nurses whose work exemplifies her ideals of nursing and service." From the nominations of the Provincial Associations the following have been chosen:

Jean E. Browne, National Director, Junior Red Cross Society; Jean S. Wilson, Executive Secretary, Canadian Nurses Association; Elizabeth L. Smellie, Chief Superintendent, Victorian Order of Nurses for Canada.

There will be general satisfaction at the choice of these well known women who have contributed so generously of their time and talent to the development of nursing. On them is conferred the highest honour within the gift of the Association and that at the direct choice of their fellow members, a fact which will undoubtedly add to their pleasure in acceptance.

Presentation of the medals will be made at a special evening session of the Biennial Convention in Halifax, Nova Scotia, on July eighth at which the recipients will be present to receive the award in person. A resumé of Miss Snively's life and work will form a part of the ceremony, that her memory may be cherished and may endure as a source of inspiration to the profession she loved and served.

Jean Elizabeth Browne, nurse, organizer, and journalist, was born of English and Highland Scottish parents, at Parkhill, Ontario, where she received her early education. She later attended the Toronto Normal School, and on graduation, engaged in teaching for a period of three years. After this brief experience in teaching, which was to prove so valuable in later years, Miss Browne entered upon a course of training at the Toronto General Hospital,

Jean E. Browne

where she was graduated in 1910. After a further experience as nurse-in-charge of the out-patients department of the Toronto General Hospital, Miss Browne left Toronto in 1911, to organize a Department of School Nursing in Regina, and remained as its director for six years, when she was invited to extend her activities for public health by organizing a School Hygiene Branch of the Department of Education in the Province of Saskatchewan. She remained as the director of this Department for five years, when, in 1922, the Canadian Red Cross Society claimed her for national service.

Miss Browne organized the National Office of the Canadian Junior Red Cross and became its National Director, as well as editor of the *Canadian Red Cross Junior*. These positions she still holds, and of Miss Brown and this piece of work, the *Toronto Mail and Empire* had this to say:

> The Society was fortunate enough to discover, after prolonged search, the ideal person to direct the new movement in the person of Miss Browne, who had previously been engaged in school health work in Saskatchewan. So great has been her success in promoting the movement that she is now an international figure, for her name is well known wherever the Red Cross flag flies.

In spite of the fact that Miss Browne has always been engaged in organizing and developing such important new pieces of work, she has extended her interests and energies to the work of her profession of nursing. In 1917, she was prominent in the organization of the Saskatchewan Registered Nurses Association, and was its first president, which office she held until 1919, and again in 1921. From 1922 to 1926 she was president of the Canadian Nurses Association and was its president at the time of the erection and dedication of the Nurses National Memorial to the Nursing Sisters who gave up their lives during the Great War.

For seven years, Miss Browne was a valued member, and secretary, of the Joint Study Committee; from 1934 to 1938 she acted as convener of the Legislation Committee and from 1930 to 1938 as convener of the Exchange of Nurses Committee. As an active member of the Publications Committee and the Committee on Dominion Registration for Nurses, Miss Browne has made outstanding contributions to the nursing profession. Locally, Miss Browne held the office of president of the Toronto General Hospital Alumnae Association for two years, and that of president of the Community Health Association of Greater Toronto for a similar period.

In international affairs in nursing and public health, Miss Brown is almost as well known as at home. In 1920 to 1921, she took post-graduate work in the "International Red Cross for Public Health Nurses" in London, England. In 1925 she spent four months on a Junior Red Cross mission in Europe, on the invitation of the League of Red Cross Societies, when she visited England, France, Belgium, Czechoslovakia and Austria—at this time, she attended a Central European Red Cross Conference in Vienna.

While in Europe, in 1925, Miss Browne also represented the Canadian Nurses Association at the International Congress of Nurses held in Helsingfors. In 1929, on the invitation of Bedford College, London, England, Miss Browne gave a course of lectures on methods in health education at the Summer School Course for "Old Internationals". In 1929, she represented the Canadian Junior Red Cross at their International Conference in Geneva—a conference of National Directors of Junior Red Cross, a meeting of the International Society for Crippled Children, and the Health Section of the World Federation of Education Associations. Again, for Canada, in 1930, she attended the British Empire Red Cross Conference in London, England, when she addressed a meeting in St. James Palace on "The Red Cross and Education", and, along with other delegates, was received by Her Majesty, Queen Mary at Buckingham Palace.

This record of achievement speaks for itself—but what of the woman herself? Those who know Miss Browne most intimately would be apt to say that the factors which have had the most influence on her work are her ability to think clearly and honestly, and to express her ideas with equal clarity and fearlessness; to become her own most severe critic; to keep herself an example of physical fitness, and to give generously of her talents to promote health, education and good citizenship, as well as the status of the nursing profession and its service to the public.

In honouring Miss Browne by awarding her the Snively Memorial Medal, the Canadian Nurses Association is honouring itself as well as its Founder.

Jean Scantlion Wilson

Jean Scantlion Wilson, a Canadian of pioneer stock, matriculated at McGill University from the high school in Shawville, P. Q., but did not enter the University immediately, having decided that nursing was to be her vocation. In 1906, she undertook a course of train-

Jean S. Wilson

ing as a nurse in the Lady Stanley Institute, Ottawa. It was not until 1921 that Miss Wilson entered the School for Graduate Nurses in McGill University, when, on a scholarship awarded by the Canadian Nurses Association, she obtained a certificate in administration in schools of nursing. The first part of Miss Wilson's professional career was spent in hospital work, the first post being that of assistant superintendent and chief surgical nurse in the Vernon Jubilee Hospital, Vernon, B. C., which positions she held from 1909 to 1911. In 1913, Miss Wilson went to the Moose Jaw General Hospital as assistant superintendent and operating room supervisor, where later she became the superintendent of the Hospital.

Miss Wilson has always shown a keen interest in all organized effort to improve the education and status of nurses. She was a charter member of the Graduate Nurses Association of Moose Jaw and the Saskatchewan Registered Nurses Association, and was the secretary, treasurer and registrar of the latter Association from 1917 to 1920. While a member of the Council of the Saskatchewan Registered Nurses Association, Miss Wilson served as a councillor on the Executive Committee of the Canadian Nurses Association, becoming its secretary-treasurer in 1921. Having shown marked ability in financing the affairs of the Association while honorary secretary-treasurer, Miss Wilson was the most natural choice of the Association for the important position of Executive Secretary when the Canadian Nurses Association established a National Office in 1923. In addition to the exacting nature of the work of organizing such an office, Miss Wilson assumed the duties of acting editor and business manager of *The Canadian Nurse* from 1924 to 1932. It is due to Miss Wilson's splendid management of the financial affairs of the Association that the treasury is in such a satisfactory condition. There are many qualities essential to the successful administration of a national professional organization, and Miss Wilson seems to possess most of these qualities. She has a keen appreciation of the aims of her Association and the office she occupies—her promptness and accuracy in the despatch of business, and her willing co-operation, are largely responsible for the unusual degree of harmony which exists between the Provincial Offices and the National Office. This splendid piece of work has been carried out by Miss Wilson with a degree of modesty that is admired by all. The nurses of Canada will find great pleasure in this opportunity to acknowledge the valuable services of an associate by the awarding of the Snively Memorial Medal to Miss Wilson.

Elizabeth Lawrie Smellie

In deciding to honour Miss Elizabeth Lawrie Smellie by awarding to her the Mary Agnes Snively Memorial Medal, the Canadian Nurses Association has chosen a member who has made a great contribution to the prestige of Canadian nurses and nursing. Miss Smellie was born in Port Arthur, Ontario, a daughter of the late Dr. Thomas S. T. Smellie, one of the pioneer doctors in Northern Ontario. Her early education was received in the schools in Port Arthur and St. Margaret's College, Toronto. Miss Smellie's professional education was received at Johns Hopkins Hospital, Baltimore, from which School for Nurses she graduated in 1909. In 1920, following her return from active service overseas during the Great War, she entered Simmons College, Boston, for a post-graduate course in public health

nursing. The Rockefeller Foundation in 1932, awarded to Miss Smellie a fellowship which enabled her to make a special study of maternal welfare in several of the countries of Europe.

Following graduation, Miss Smellie was appointed night supervisor of the McKellar Hospital, in Fort William. In 1914, very shortly after the beginning of the Great War, she joined the Canadian Army Medical Corps as a Nursing Sister for overseas service. Her ability in organization and administration was very soon realized and she served as a Matron in the Canadian Army Medical Corps until 1918, when she returned to Ottawa in the position of Assistant to the Matron-in-chief, which position she held until 1920. Miss Smellie's military service was most outstanding; she was mentioned in despatches in 1916, and in 1917 was awarded the Royal Red Cross, First Class. Miss Smellie has always been keenly interested in all matters connected with the nurses who served overseas, and at the present time is president of the Ottawa Unit of the Overseas Nursing Sisters Association.

After Miss Smellie was no longer needed for military service, and after completing a post-graduate course in Simmons College, she was appointed assistant to the director of the school for Graduate Nurses of McGill University, and later became part-time supervisor of the Greater Montreal Branch of the Victorian Order of Nurses for Canada. In January, 1924, Miss Smellie was appointed Chief Superintendent of the Victorian Order of Nurses for Canada, which position she still holds.

In nursing organization work, Miss Smellie has made an outstanding contribution. She is a life member of the Alumnae Association of the School for Nurses, Johns Hopkins Hospital, a

Elizabeth L. Smellie, C.B.E., R.R.C.

member of the Alumnae Association of Simmons College, and a very active member of the Canadian Nurses Association. Miss Smellie served as chairman of the public health section of the Canadian Nurses Association for four years and has also served on many important committees. As chairman of the Nurses Section of the Canadian Public Health Association for three years, and as vice-chairman of the Nurses Section of the American Public Health Association for three years, Miss Smellie has made a definite contribution in linking up the activities of the Canadian Nurses Association with the official public health associations. In international nursing affairs, Miss Smellie has contributed articles to nursing magazines and papers to the programmes of the Congresses of

the International Council of Nurses. She is a member of the programme committee for the International Congress which is being planned for 1941.

As Chief Superintendent of the Victorian Order of Nurses for Canada, Miss Smellie has had a large share in the development of visiting nursing service. Her work has touched Canada from coast to coast, and the result of her efforts and influence is felt in many districts. The nurses in the local branches of the Victorian Order of Nurses have been encouraged by Miss Smellie to take an active part in the local nursing organizations and she has, with the assistance of the nurses serving in the Victorian Order of Nurses, elevated the standard of service given, not only in the better preparation of the nursing personnel, but also in the nursing service given to the public. The interest of lay people in the nursing problems and nursing service has been encouraged and fostered, and it is to this policy that the Victorian Order of Nurses for Canada attributes its rapid development and increasing public support.

While Canadian nurses have always realized and appreciated the national scope and the national importance of Miss Smellie's work, it was with great pride and satisfaction that they learned of the honour conferred on her by His Majesty, King George V, when in 1934 her name was included among those who were honoured by being made a Companion of the Order of the British Empire.

Even a brief outline of Miss Smellie's professional work cannot be concluded without including a reference to those qualities which have contributed to her success. Her imagination and vision enable her to take a long view, and to wait patiently for the much desired progress. She also possesses the ability to allocate important work to the members of her staff and to leave with them the responsibility for development. Perhaps the quality that brings all into a harmonious whole is her unfailing sense of humour.

The official announcement of the Snively Medal Awards is made by the President of the Canadian Nurses Association. The biographical sketches of Miss Browne and of Miss Wilson were prepared by Miss E. MacPherson Dickson, and that of Miss Smellie by Miss Jean I. Gunn—EDITOR.

MISS HERSEY'S NEW HONOUR

Announcement has been made by the authorities of McGill University that the honorary degree of Doctor of Laws (LL.D.) will be conferred upon Miss Mabel F. Hersey at Convocation. Unfortunately the June *Journal* must be in the press before this happy occasion takes place and we are therefore obliged to postpone more extended comment until our July issue. In the meantime this good news will gladden the hearts of nurses all over Canada. It is extremely significant that this great University should confer so high an honour upon a member of the nursing profession, and we are indeed fortunate that the recipient is a woman who, by virtue of her sterling character as well as her distinguished professional career, so richly deserves it.

The University School of Nursing

FLORENCE H. M. EMORY

The article was presented, in the form of an address, before the International Council of Nurses, in July, 1937. *Its publication seems timely in that the potential value of University Schools of Nursing will be discussed at the forthcoming Biennial Meeting of the Canadian Nurses Association.* —Editor.

A consideration of developments during the present century, however superficial, offers conclusive evidence of unprecedented growth, both cultural and scientific, in many fields and in most countries. Moreover, a detailed study of these changes in general, and of education in particular, reveals a comparatively new relationship regarding one phase of education, namely, that which has been established between certain institutions of higher learning and nursing education. Established for the most part to give some form of special preparation to nurses who had already graduated from a recognized hospital school of nursing, the movement has spread until, connected with universities in a number of countries, are to be found schools which are attempting to find a new and a better way of preparing young women for the diversity of work which, as nurses, they may be called upon to undertake. This they have essayed to do through offering basic preparation for nursing, whether upon graduation it be undertaken within the hospital walls or in the community at large.

One of the requirements of any project of worth is that it should survive the acid test of close scrutiny and of critical analysis. In the light of this, what are the arguments in favour of nursing education carried on under university auspices and what are the arguments against it? Mature thought will concede that stated succinctly the function of a university is at least two-fold: to make available existing knowledge and to search for new knowledge. Further it will be conceded that, given a university centre with a good medical school, this function may not only be fulfilled in its relation to nursing, but that nursing has a claim upon the use of such facilities. During the last fifty years, through the scientific research and study, a tremendous body of new medical knowledge has been released, both curative and preventive; knowledge, some aspects of which, in the practice of her art, the nurse must bring to bear upon the care of the patient if medicine and nursing together are to achieve the best results. It is logical to suppose then, that in the process of her preparation the nurse might well be exposed to teaching which can best come from a centre with a recognized medical school. The value of the contribution of the medical school remains constant regardless of the branch of nursing to which it may be applied. Whether to post-graduate work undertaken in preparation for teaching, supervisory or administrative posts in hospitals or to public health nursing for which training is given, whether for sick nursing or for health nursing, the medical school with its curative and preventive teaching has a contribution which may be

claimed justly by those charged with responsibility for nursing education.

Further, an inherent quality in university life which will work to the advantage of nursing education is its atmosphere—its cultural qualities which tend to the making not only of a good nurse but of a sane, well-poised, tolerant individual. Who can estimate the value of the intermingling in thought of the young student nurse with even one or two cultivated master minds? Experience has shown ample proof of the results of such contact—of the exposure to that which at once challenges and inspires. The picture would be quite incomplete were reference omitted to certain administrative advantages in the affiliation of a nursing school with the university; the value for instance of the advice and general services of administrative offices and officers which are given as the result of experience accumulated over the years. There is, too, a certain protection afforded through affiliation with an institution of university status, in that strength is derived for the maintenance of desirable standards of qualification and of work for staff and students alike.

A discussion of the pros and cons of university relationship would be incomplete without mention of one or two possible disadvantages. There is often a tendency to lose sight of the primary purpose of university connection and so befog the issue by substituting purposes of secondary importance. I submit that the major purpose of university affiliation in nursing education is to glean from the teaching departments of such an institution that which will contribute to the making of a strong nurse. All other advantages are not only of secondary importance but their emphasis is likely to result in confused thought on the part of nurses themselves, and what is of utmost importance in the minds of the public at large. It is of urgent import that the public served by the product should understand the position clearly; the need is not for more education of nurses, but for a better selection and arrangement of that which enters into the making of a nurse. In so far as the university can offer a suitable selection and arrangement of content, with freedom in the teaching of it, and an environment conducive to growth, so far are we justified in claiming university facilities and relationships to be either desirable or necessary in nursing education.

To be specific we take, as example, the teaching of two of the basic sciences, biology and physiology. If the nurse is to gain an intelligent understanding of her patient and of the reason for certain nursing procedures used on his behalf she must be subjected to a clear presentation of the science of living things and of the science of the functions of the individual in health and disease. Moreover it is reasonable to suppose that from departments at university level the content will be both sound and appropriate. It is of distinct advantage therefore, to secure this teaching from the university, so long as the entire preparation is not conditioned by necessity for conformance to university standards of degree work. If this be done, our objectives become confused, that is to say, that in addition to the making of a good nurse, we are committed to the making of one under conditions imposed by standards of degree work. Some of those who have laboured with this problem hold that the first task constitutes a challenge of sufficient proportions without confusing the issue by an introduction of that which must be considered to be of secondary importance. We should adhere to the task of making a good nurse

through the use of that which the university offers rather than through permitting the university to determine what that content shall be.

We claim then that under certain conditions there is justification for university relationship in nursing education. What is the role of the university nursing school? What is the scope of work which may be legitimately assumed by it? At once let me point out what has been implied already: the university school should be counted upon to give leadership in nursing education in either graduate or undergraduate training or in both. Since the former is older and, because of that, better understood, we glance at its possibilities for a moment or two. The university school has a clearly defined responsibility to fulfil in offering to nurses qualified to give leadership in hospital nursing schools such work as will fit them for teaching, supervisory and administrative posts. The product of the hospital school will never be better than the abilities and ideals of those charged with the instruction and supervision of their students and with the administration and conduct of these schools. The time has come in the nursing field when it is apparent that, if nursing is to be well done, there must be added to a good quality of applicant the right type of teaching. In discharging that responsibility alone the university school assumes a role of considerable proportions.

Look for a moment now, at the group of community workers who, within a comparatively brief space of time, have been called upon to assume the function of community health teachers. They have gone into the homes, the schools and the child health centres in many countries to attempt to persuade individuals of the value of prevention and, having convinced them of that value, have taught through constructive methods how actually to practise a healthful way of life. My reference, of course, is to the public health nurse. Surely the university school has some responsibility toward her preparation. But how? For many years now, in as many university departments and schools, a year of special training in health nursing has been added to the basic preparation received in hospital schools. Some of those who have watched this form of preparation closely over a period of years have recognized that it was good, but that, weighed in the balance, it was found wanting in certain respects. It has been found, for instance, that much of the teaching given in the year of postgraduate work should have formed part of the basic training. And this in both content and emphasis. Some of the services necessary to the adequate performance of public health nursing were not included at all in the basic training in most instances, and as for health emphasis, it was found that, whereas it came in the fourth year, under this method, it should have been integrated throughout the entire preparation if a genuine belief in preventive and constructive health work were to be inculcated in the nurse. However, that is another story which will be dealt with as we proceed. Just now, let us take for granted that one of the functions of a university school of nursing is to fit the graduate of the recognized hospital school for staff posts in both hospital and health nursing.

There is another role which has been assumed by some university schools, namely, the giving of advanced work in public health nursing to experienced students who have previous training and experience in the health field. This has been offered in the administration and supervision of health work as well as in such specialties as child hygiene. mental hygiene, tuberculosis work and hospital

social work. There is reason for the conviction that, as health nursing develops, and with that a corresponding demand for qualified persons to fill advanced posts, this type of preparation will fill a considerable place in the life of the university nursing school.

In passing let me mention still another way in which the university school may be of material assistance to the graduate already in the field who wishes to keep abreast of rapid development in medical science and in its application to nursing. I refer to the refresher or extension course. This may be planned for a whole week, or for part of one, in a general topic such as medical nursing, surgical nursing, child hygiene, industrial nursing, hospital social work, tuberculosis work and mental hygiene. Recently, in one school a brief course on the integration of health teaching in the undergraduate curriculum was given with very good results. Thus the university school may give leadership in nursing education through preliminary, advanced, refresher and extension courses.

I wish now to discuss very briefly indeed, the possibilities of undergraduate preparation in a university nursing school. A moment or two ago we spoke of the method of preparation for public health nursing which has been more or less generally adopted, that is through adding a year of special work to the basic training of the hospital school. In many respects the worker thus prepared was and is a good public health nurse, and yet it has been of consuming interest in certain university schools to attempt to develop a more consistent and thorough preparation for the public health field and this in terms of both content and duration. In respect of content, it was though highly desirable to find a preparation which would include necessary services such as children's nursing, acute communicable disease nursing, tuberculosis nursing and psychiatric nursing, and withal to find a method of introducing the health point of view early in training and with consistent emphasis to develop it throughout. In other words, to secure a nurse thoroughly imbued with the value and desirability of preventive nursing. Further it has been possible, under controlled conditions, to add these special services to basic preparation in medical, surgical and obstetrical nursing and to do it in little more than three years. Surely this is a legitimate interest of a university nursing school in that it fulfils the role of research which is one of the major functions of any university.

Both those interested in an improved preparation for public health nursing have not confined their objectives to the content and duration of the undergraduate course. They have felt from the outset that there is an even broader responsibility, that of producing a nurse with a sound philosophy of life as well as of her profession. Too long the thinking and interests of nurses have been confined to their own limited sphere—and often necessarily so under conditions imposed in the hospital school. The many cultural influences of university environment together with shorter hours of ward duty, have contributed to the development of what promises to be a richer, better-rounded training in terms of life itself.

To attempt to determine the cost of a nursing school when divorced from responsibility for the nursing care of the hospital is still a further objective. It is commonplace in the thinking of those concerned with nursing education that conflict between responsibility for the nursing care of the patient and for the education of the nurse creates a situation which is often well-nigh untenable. In a university school, the ward prac-

tice of which is obtained through affiliation, and void of responsibility to the hospital for nursing care, it is possible to sort out the costs and to learn the monetary expense of a nursing training. For under these conditions the student pays, just as do students in preparation for other professional work. The content selected is that which is believed to be the minimum necessary to the making of a good nurse and teachers of such a school perform only those duties inherent in that function. As in all pioneer work there are difficulties in adjustment and in relationships but given patience and magnanimity these need not prove insurmountable.

There are certain aspects of this research work in undergraduate training which are worthy of mention for in them are reflected the application of sound educational principles. Time permits the mention of but two—the quality of the student and the quality of the teaching staff. In any creditable educational endeavour the two factors which must remain constant are, on the one hand, the receptive interested student and on the other the thought-provoking inspirational instructor. A well-nigh indispensable ally in the moulding of the young person fitted to serve her generation in nursing is a home training which has inculcated in her a sense of life's true values (of its spiritual significance) and resultant upon that an impelling desire to be helpful to her fellows through the medium of her choice. These qualities with intelligence, a good personality, and an adequate secondary education should afford the essential prerequisites.

As for the teacher, obviously as a background for success there must be training and experience through virtue of which she has a right to teach a given subject. That pre-supposed—the atmosphere of university life contributes to her growth in that it gives her time for reflective thinking (provoked by reading and discussion) which assists her to develop a scientific attitude manifest in discriminating judgment, quick to perceive truth and to detect error. Idealism too, is a fine quality if it be tempered with sufficient tolerance to permit her to adjust without irritation to practical situations. In a word, if the student is to be moulded aright, it must be done largely through those whose vigour of intellect and strength of character create an attitude and spirit which stimulate her to reach out for what is best of her own volition. Under no other conditions can desirable results be obtained in any field of education.

In a relationship comparatively new and untried, it would be preposterous to attempt to predict with certainty what the future may hold. There are apparent, however, to those closely associated with this work, two patent needs. There is an unquestioned need for leadership in nursing education which it appears the university school may be best equipped to give. None will question this leadership applied to preparation of graduates of hospital schools of nursing for hospital staff posts and for public health nursing. That need is both insistent and accepted. It would seem moreover that there is general benefit to be gained through research in improved undergraduate training particularly in preparation for public health nursing since through experiment, methods may be found which will prove advantageous to hospital schools of nursing. That is the general hope of at least some of those engaged in the work of university nursing schools; impelled by a feeling of indebtedness to the hospital school they own a responsibility for passing on to them the findings of research. A third apparent contribution to the university school is help given

through the brief refresher course to the graduate nurse in the field by means of which she becomes posted regarding changing practices in her specialty. It does seem that this may be done best by a school with university relationships. All of this is conceded with at least one proviso (discussed earlier in this paper) namely, that the principle of using the facilities of the university in the furtherance of nursing education be adhered to, rather than that the university should be permitted to use us.

The mention of one further need and I conclude. Those engaged in this work of ploughing new furrows and of planting new seeds need in a marked degree the conscious support of the nursing profession. The attitude of the profession as a whole should be one of manifest interest in work which is not only new and often bewildering, but which may be even precarious. We have not yet come to the place where we can take for granted the survival of this work in the many forms in which it has been started. Indeed it may not survive unless unreserved and perhaps tangible support be given. Those who have had sufficient faith and determination to give their best for the sound establishment of this aspect of nursing education are resolute in the belief that there is that which savours of truth in their various endeavours, and that which is of truth will endure.

THE McGILL SCHOOL FOR GRADUATE NURSES

The many friends of the McGill School for Graduate Nurses will rejoice to know that, after due deliberation, the University authorities, as a result of the report of the committee appointed last year, have recommended that the School be continued as an integral part of the University programme. The Board of Governors gave definite assurance that the School has the full support of the University and the personal interest of the Governors. Practical evidence of this interest and support is shown in the decision to aid the School in balancing its budget during the next five years.

With this reassuring support, which gives the necessary stability to the School, the Alumnae Association is going forward with plans for raising a permanent endowment fund. The subscription list has been opened by a gift of ten thousand dollars from the Alumnae Association itself. The faith of the nurses of Canada, particularly the graduates of the School, materially represented by the raising of approximately $30,000.00 during the past five years in support of the School, has been a strong factor in influencing the decision of the University.

The School owes a great debt of gratitude to Miss E. Frances Upton, chairman of the special finance committee, and Miss Blanche Herman, president of the Alumnae Association and secretary-treasurer of the special finance committee, for their untiring and determined efforts on behalf of the School. They have willingly consented to remain in office to direct activities in connection with the Endowment Fund.

A change in the name of the School was recommended by the University, and it will be known in future as the School of Nursing, McGill University.

Marion Lindeburgh.

THE EDITOR'S DESK

Warning ! ! !

Once more we implore our readers to heed the repeated warnings given them concernings fraudulent agents. Another of these despicable gentry has recently been active in some of the French hospitals of the Province of Quebec. He is described by one of his victims as being about 5 feet 8 inches in height, very thin, dark eyes, and about 24 years old. He represented himself as coming from Nova Scotia and spoke only in English. He had no "credentials" of any kind, and though he did not even possess a copy of the *Journal*, he offered a "special reduced rate" of five dollars to cover a three-years subscription. We repeat that the *Journal* employs no paid "representatives" either male or female. If you are approached by anyone not personally known to you who claims to be soliciting subscriptions on our behalf, please notify the *Journal* at once and *under no circumstances make any payment whatever.*

Reader's Guide

At the forthcoming Biennial Meeting of the Canadian Nurses Association, a discussion will take place concerning the nature and functions of university schools of nursing. The leading article in this issue is the text of a clear and scholarly address, prepared by Miss Florence H. M. Emory and presented before the International Congress of Nurses. A careful study of it will help to remove existing misconceptions and will afford an excellent preparation for intelligent debate. △ Unforeseen changes in the editorial page made it necessary to omit mention of the sincere and moving verses which appeared in the May issue of the *Journal*, entitled "A Blind Man's Prayer". These were written by Miss Marion Moodie, the first graduate of the School of Nursing of the Calgary General Hospital, Calgary, Alta.

Three Cities

In this issue you will find lively and interesting accounts of the annual meetings of the Provincial Association of Registered Nurses in British Columbia, Ontario, and Saskatchewan. The three cities, in which these meetings were held, present a striking contrast so far as landscape is concerned. Victoria, lovely and serene beside the sea, Kingston on the banks of the stately St. Lawrence, Moose Jaw in the heart of the prairie, which misguided folk sometimes call lonely and bleak.

In Victoria, the rhododendrons were in their glory, in Kingston the fruit trees were in bud, but not until you have watched a sea of golden wheat with a summer breeze rippling over it can you say that you know the Canadian scene. The prairies will once more whiten unto the harvest.

A Correction

Miss Marion Haliburton wishes to correct a statement made in the June issue of the *Journal* in her article, entitled "Presenting Halifax", to the effect that the Halifax Infirmary is the only hospital in Nova Scotia in which the eight-hour day is in force. While the Infirmary is the only hospital in Halifax which has the eight-hour day, there are five hospitals in the Province of Nova Scotia which enjoy a similar distinction.

BRITISH COLUMBIA ANNUAL MEETING

The twenty-sixth annual meeting of the Registered Nurses Association of British Columbia was held at Victoria on April 22 and 23, with the president, Miss Grace M. Fairley presiding at all sessions. The invocation was given by the Rev. Albert E. G. Hendy. Miss K. Sanderson paid a tribute to the late Miss Elizabeth G. Breeze, whose death had occurred a few days previously.

In her presidential address, Miss Fairley spoke of the intensive study given to the proposed Curriculum, and to the plan for Dominion Registration. She also expressed the desire of the Association to be of greater professional value to nurses in isolated districts. In order to stimulate interest among nurses in these remote areas, the sum of $500.00 was voted to finance an educational tour of the Province by a member of the Association who will thus keep them in touch with present day trends.

The registrar, Miss Helen Randal, reported 351 registrations, including new graduates and nurses from other provinces, bringing the total of nurses registered in British Columbia to 2237. She also reported that letters were sent by the Association to hospitals throughout the Province, recommending that the eight-hour day and forty-eight hour week for institutional nurses be put into effect. A few have adopted this recommendation and found that it works out in a satisfactory manner.

In giving the report of the public health section, Miss Margaret Kerr spoke of the phenomenal increase in the number of public health nurses employed in the Province, there now being 162 nurses in this branch of work. During the year a committee of the public health section studied the Curriculum and submitted a report to the provincial curriculum committee. Ten study groups prepared papers on various topics which were presented at a dinner meeting in January. At another session of the annual meeting a panel discussion was held on pertinent recommendations arising from some of these papers. As a result it was decided that a committee be formed to further enquire into facilities for clinical observation and experience in hospitals which might be made available to public health nurses. Miss M. Teulon presented the report of the private duty section. This section has met with much success in organizing study groups and sponsoring lectures by doctors who are specialists in their respective fields. At the sectional meeting, plans were formulated for giving demonstrations to private duty nurses of new apparatus used in certain types of cases. The question of supervision of private duty nurses was also discussed.

Miss A. Cavers, chairman of the nursing education section, reported that much effort had been expended upon a study of the Curriculum, and a comprehensive report was given. Miss Fairley, in giving the report on training school inspection, stated that there are now seven training schools in British Columbia, two having been closed this year. Miss M. Duffield's report of the finance committee showed the Association to be in a satisfactory financial condition. Six delegates were appointed to attend the Biennial Meeting of the Canadian Nurses Association, these being Miss Grace M. Fairley, Miss A. S. Cavers, Miss E. J. Herbert, Miss M. E. Kerr, Miss Helen Randal, and Sister Mary Beatrice.

Miss Fairley presented the report of the Joint Committee for Enrolment of Nurses for war or emergency service, and voiced the regret that ony 14% of the nurses in the Province have enrolled, a number considerably below the quota for British Columbia. Miss Kathleen Sanderson in giving the report of the Florence Nightingale Memorial Fund Committee, reported a total of $2168.00 contributed by the Province during the past five years.

A report on the proposed Community Nursing Service Bureau was presented by Miss Mabel Gray, in which she outlined a plan to include all types of nursing service, both graduate and undergraduate, under one registry and under supervision, in order to meet the nursing needs of the community. Much discussion followed, and consideration of a financial report of the undertaking, which may be tried out in Vancouver, was postponed until the November

meeting. A comprehensive report on Dominion Registration was read by Miss Florence Walker, which indicated a careful study by the Committe of all phases of this question.

On Friday evening a special feature was an address by Dr. G. F. Strong on new developments in medical nursing service, in which the main emphasis was upon nursing care of acute heart disease. On Saturday afternoon a well planned symposium on nursing aspects of peptic ulcer was presented by Miss Hazel Keeler, Miss Alison Reid, Miss Kathleen Heaney and Miss G. S. Thomas. Much care and thought was evidenced in the vivid presentation of the subject, which proved to be one of the high-lights of the convention. The sessions closed on Saturday evening with a banquet, followed by a travelogue by Mr. H. J. Pendray, illustrated by motion pictures in colour. Much of the success of the meeting was due to the painstaking efforts of the programme committee, convened by Miss E. J. Herbert of Victoria. An added attraction was the beautiful sunshine which makes springtime in Victoria so pleasant.

Florence Innes

CANADA'S "INTERNATIONAL"

An official announcement was made in the May issue of the *Journal* concerning the award of the Canadian Nurses Association scholarship to Bianca Mary Beyer. This scholarship enables its fortunate recipient to follow, for the period of one year, the International Nursing Courses offered in London under the auspices of the Nightingale International Foundation. Miss Beyer has chosen the course arranged for nurse administrators and teachers in schools of nursing. Her academic preparation includes a year of college work at the University of Toronto and she graduated from the School of Nursing of the Toronto General Hospital in 1927. For six years she served as head nurse in the operating room of that hospital, where at present she holds the position of surgical supervisor. She is a member of her Alumnae Association and also of the Registered Nurses Association of Ontario. Her favorite sports are motoring, tennis and badminton. By a happy coincidence, Miss Beyer received the news of the award on her birthday and she may confidently look forward to a year which will be filled with new and vivid experiences.

Bianca M. Beyer

THE RIGHT CLOTHES!

Just in case you are interested, here is an open letter to "Mary Jane" from "Cora Lou" (who lives in Halifax) and is therefore an authority on what those smart Haligonians will be wearing:

Dear Mary Jane:

I am so glad to hear you are coming to the Biennial Meeting of the Canadian Nurses Association in July! We have ordered the finest weather and happy days for everyone! You ask what you will need in the line of clothes down by the sea in July. Well, the weather should be good at that particular time though, mark you, I give no absolute guarantee against fickleness. By *good*, I mean warm sunny days and soft cool nights. The sort of day one wears summery clothes, a light coat in the evening, especially on or by the water, and pulls up a blanket at night. If you have a knitted suit by all means bring it along and if not, this being a land of knitted suits, you could get a smart one here. You may not really need it, but then again you might.

Nova Scotia is a very temperate climate. The thermometer goes neither as high in summer nor as low in winter as in Montreal, or Winnipeg, or Toronto, so that what a Nova Scotian calls hot may be quite refreshing or even coolish to you. If you look at a map this may seem strange, for actually Nova Scotia is one of the most southerly parts of the Dominion. But remember, it is almost an island and is constantly fanned by cool sea breezes. Someone has called it an "air-conditioned" province.

Did you say rain and fog? Well, of course, that is why the grass and trees are so green and luscious and the flowers so fresh every morning. Something like England in that respect. But by July there should be little of either. By the way, bring your sun glasses, you will need them by the water on sparkling days. Also be sure to have a pair of comfortable sport shoes, preferably with rubber soles. They are useful for climbing around the rocks and other seaside activities. Bring your bathing suit, by all means!

We are sure to have Alumnae Association reunions. Miss Strum is busy already getting possible places lined up. Won't it be good to get some of the old crowd together again? Meanwhile, here's to "Halifax, July, 1938".

Cora Lou

S. R. N. A. ANNUAL MEETING

The twenty-first annual convention of the Saskatchewan Registered Nurses Association was held in Moose Jaw on April 21 and 22 at the Grant Hall Hotel. Nothing was overlooked by the local committee on arrangements, of which Miss M. G. McPhedran, instructor of nurses at the Moose Jaw Hospital, was convener. The programme included the study of newer concepts and methods of teaching, including recommendations contained in the "Proposed Curriculum for Schools of Nursing in Canada". The revised plan on Dominion Registration was dealt with at a round table discussion conducted by Miss R. M. Simpson. A session was also given to the consideration of the re-organization of registries, when a representative from each centre gave a resumé of some local achievement. Another period was devoted to a consideration of nursing problems under the leadership of Miss Mary Ingham, director of nursing, Moose Jaw General Hospital. Nurses from many of the hospitals and other centres in the province contributed to the discussion.

According to the constitution of their Association, members of the Saskatchewan Catholic Graduate Nurses Association held their annual convention (at which Miss Diederichs presided) on the same two days and yet managed to take part in all proceedings. We were glad to welcome such a large representation from the Sisters' Hospitals, including Rev. Sister Mead, adviser to schools of nursing in the Prairie Provinces Conference of the Catholic Hospital Association.

Miss A. F. Lawrie's presidential address was both informative and inspirational. She emphasized the need to develop nursing education on a professional level and spoke with appreciation of the sympathetic attitude that the University of Saskatchewan continues to hold towards nursing ideals and aims. The activities of the Association were reviewed with reference to the work of the Adviser to Schools of Nursing, the study of the Proposed Curriculum, the plan for Dominion Registration, the stimulus given to local organizations to study registries with a view to broadening their functions as a community service. Special reference was made to the Community Nursing Service Bureau shortly to be established in Moose Jaw under the auspices of the Canadian Nurses Association and the Victorian Order of Nurses. Miss Lawrie quoted a principle agreed upon by the committee that studied this project, namely: *"It should be understood and emphasized that before any experiment in organization of this sort can be undertaken in any locality, the members of the organized nursing profession in that locality must be willing to endorse and to support any such experiment"*. She made an appeal to all nurses for their co-operation in furthering this and other efforts which the Association had undertaken in their names and interest.

The conveners of Sections and of special committees also gave good accounts of their work. In speaking for the Nursing Education Section, Miss E. Amas mentioned the refresher courses that were held in Saskatoon and Regina, and the study that has been made of the Proposed Curriculum throughout the year. Miss Helen Jolly, convener of the Private Duty Section, reported the study of some important items as suggested in the study plan sent out by the education committee of the Canadian Nurses Association, also interesting educational talks enjoyed by the sub-sections, including a discussion of Dale Carnegie's book "How to make friends and influence people". Private duty nurses in Saskatchewan are determined that if their influence prevails, the next *Survey* will not reveal a criticism of nurses' lack of tact. A victory was cited for the private duty nurses of Saskatoon in the establishment of the eight-hour day. For the Public Health Section, Miss Ann Morton told of studies being carried on through group organization throughout the province, and of the interchange of material. An effort had been made to obtain the consent of the Canadian Broadcasting Corporation to sponsor health talks for children and adults. This request, although not yet met, has at least been given a sympathetic hearing. Books have been purchased which will form a nucleus for a public health library.

A financially successful year for the Saskatchewan Registered Nurses Association was evidenced by the treasurer's report, which showed that in spite of all the additional obligations assumed, there was little change in the balance as compared with last year. She suggested that this pleasing situation was due in a large measure to the immigration regulations which require nurses entering the United States to be in good standing. Records show that many nurses have left Saskatchewan during the past year.

The special speakers included Mr. Murry of the Normal School, Moose Jaw, who brought words of encouragement to the superintendents of nurses when he foretold that by the scientific use of various tests and measurements, school authorities will be able to designate with assurance the various professions and vocations in which students are destined to succeed. Professor Laycock's address on the value of mental hygiene in the life of the nurse proved most stimulating. He stressed the value of the new psychological concepts in understanding human reactions and remedying defects and spoke of the important part that nurses must play in re-education and as "social engineers".

An innovation for Saskatchewan was seen in the exhibits so generously contributed by schools of nursing throughout the province and the school nurses of Regina. These were well introduced in a talk given by Miss I. King of the Providence Hospital, Moose Jaw. Without much expense, but not without effort, the display was most gratifying and varied. Another innovation was the demonstration of films as visual aids in teaching. Special interest was expressed in the one prepared by Rev. Sister Tougas, of the Regina Grey Nuns Hospital, on the functions of a central dressing room.

The nurses of Moose Jaw did not forget that all work and no play is not palatable even to nurses. The banquet presided over by Mrs. J. Droppo, president of the Moose Jaw Graduate Nurses Association, was held on the first evening, when an interesting address was given by Mr. N. R. Craig on the Far East. Musical selections were rendered by the student nurses of the Moose Jaw General Hospital under the direction of Dr. Powell—an extra curricular activity that prospers in at least one school in the province. The Moose Jaw Graduate Nurses Association entertained all members at an enjoyable luncheon. To summarize the meetings, in the terms used to describe them by several of the nurses: "They were snappy".

The officers elected for the coming year are: President, Miss Ann Morton, Weyburn; first vice-president, Rev. Sister O'Grady, St. Paul's Hospital, Saskatoon; second vice-president, Miss Edith Amas, Saskatoon City Hospital, Saskatoon; councillors: Miss Matilda Diederichs, Regina Grey Nuns Hospital, Regina; Miss Aubra Cleaver, Yorkton Queen Victoria Hospital, Yorkton; conveners of standing committee: Public Health, Miss D. Hopkins, Estevan; Private Duty, Miss Helen Jolly, Regina; Nursing Education, Miss M. Ingham, Moose Jaw.

While regretting the retirement of Miss Lawrie who for the past two years has sponsored many progressive movements, the members of the Association congratulate themselves upon the election of their new president, Miss Ann Morton. Miss Morton's long and valuable service in Saskatchewan and her many contacts give her vision and understanding of professional and community problems and interests that will stand her in good stead in guiding the destinies and interests of this Association. Let us not forget that, having asked them to accept responsibilities on our behalf, the officers and members of the Council need the active co-operation and personal effort of individual members if our Association is to grow in usefulness and to prosper.—

K.W.E.

The Time and the Place

By way of poetic description of the beauty of the Maritimes, the Reverend Mother Audet, superintendent of the Hotel Dieu Hospital, in Campbellton, N. B., has suggested that we quote these charming verses, entitled "God's Gallery", and written by Margaret Nickerson:

I've never studied works of art in countries far or near,
I've never seen a "Sargent" nor a "Whistler" nor "Landseer",
But I have seen sunrise in Cape Breton-by-the-Sea,
And I have seen a graceful deer, alive, alert and free.

I've seen the moonlight streaming across the Big Bras d'Or,
I've seen the breakers crashing on Louisburg's rocky shore,
I've seen a crimson sunset behind a crimson sea,
And the purple shadows lengthen along the Margaree.

I've never seen a temple nor a shrine in far Japan,
I've never seen cathedrals, nor mosques designed by man,
But I have bowed in reverence before Cape Smokey's dome,
And thanked the Great Creator for beauty so near home.

Miss Lenta G. Hall, superintendent of the Halifax district of the Victorian Order of Nurses, gives some excellent advice about profitable use of any spare time you may have after conscientiously attending *all* the sessions of the Biennial Meeting of the Canadian Nurses Association. Don't let her inveigle you into playing truant! Read these suggestions at your own risk:

If you have only one hour to spare: spend it by the waters of the "Arm". The privileges of the Waegwoltic Club will be extended to visiting nurses.

Evangeline Monument at Grand Pré
Courtesy Canadian National Railways

If you have one and a half hours to spare: drive around the Lakes. Not for five minutes do you lose sight of water—first the Bedford Basin and returning by the Dartmouth Lakes.

If you have two hours to spare: go to Prospect, and see a rugged fishing village, rocks and surf, maybe get a lobster, or stop off at Everleigh Beach for a swim.

If you have three hours to spare: drive to Chester: fifty miles of winding roads, by lakes and woodlands, and glorious coastal scenery. Don't fail to return by way of Blandford and have a swim at Bayswater where there are miles of white sand and breakers.

If you have a half day to spare: go to Peggy's Cove—you *can* do it in much less time for it is only thirty miles, but you won't want to leave the Rocks in a hurry. So take a picnic supper along.

By this time you'll be sure you must stay over an extra week!

Miss E. Cryderman and Miss M. Fitzgerald

On April 20, 21, 22, 1938, the thirteenth annual meeting of the Registered Nurses Association of Ontario was held in Kingston, with a registration of 385. His Worship, Mayor Stewart, and Miss Mary F. Bliss, chairman of District 7, welcomed the delegates. The secretary-treasurer reported that office furnishings had been purchased. The financial statement showed a satisfactory balance on deposit at the end of 1937.

In the course of her presidential address, Miss Ethel Cryderman said that the activities of the Association during the past year, while not spectacular, had been sound. There had been a keenness of interest and an earnestness of purpose on the part of the District Associations that have been productive of progress. Much work of the Association is carried on by provincial and district committees, and many active committees exist to work toward the reorganization and the extension of community nursing services.

The banquet held on the first evening of the meeting was a delightful occasion. It was keenly regretted that because the annual meeting of the Saskatchewan Registered Nurses Association was being held at this time, it was not possible for Miss Ruby Simpson, President of the Canadian Nurses Association, to be with us. At the request of Miss Simpson, Miss Ethel Johns extended greetings on her behalf. Dr. Frederick Etherington, Dean of Medicine, Queen's University, extended greetings from the University and from the Faculty of Medicine in Kingston. Professor James Roy of Queen's University gave a most interesting and delightful talk on "James Matthew Barrie".

One of the most important features of the meeting was the report of the National Committee on Dominion Registration for Nurses, presented by Miss Mary Millman as the representative to the National Committee and also as chairman of the Provincial Committee. The chairman of the National Committee, as well as several of the members of the Committee were present and assisted in the explanation of certain points. Each recommendation was presented and voted on, and the large number of delegates who were present at this meeting entered freely into the discussion. As the principle of Dominion Registration for Nurses in Canada had been endorsed at a previous general meeting, the recommendations contained in the report, with certain amendments, were endorsed.

On Friday morning an excellent symposium entitled "The Care of Poliomyelitis Patients" was presented under the following captions: "The Surgeon": Dr. George W. Armstrong, Ottawa; "The Nurse": Miss Jean Masten, Hospital for Sick Children, Toronto; "The Community": Miss Gretta Ross, the Ontario Society for Crippled Children, Toronto. This general session, chaired by Miss Mildred I. Walker, was held under the auspices of the three sections.

At the business meeting of the Nurse Education Section, Miss Elizabeth Smellie, Chief Superintendent of the Victorian Order of Nurses for Canada, spoke on "Undergraduate Affiliations". Miss Ethel Johns, editor of *The Canadian Nurse*, also took part in the programme, giving a discussion on newspaper publicity in relation to nursing entitled "Nurses in the News".

Miss A. M. Munn, Director of Nurse Registration, Department of Health, spoke on "Significant Trends in the Training Schools for Nurses in Ontario" and brought many points of interest to the attention of

the delegates. Many items of activity were given in the reports from the standing and special committees. A few will here be mentioned:

Membership: In Ontario, membership in the Provincial Association is voluntary. The fact that more nurses are coming to realize their individual responsibility in supporting their professional organization is evidenced by the steady increase in membership. A membership of 3,694, as compared with that in 1937 showed an increase of 780. There have been 854 applications for membership received in 1938 prior to this general meeting.

Legislation: The special work of the legislation committee was the proposed amendments to the constitution and by-laws. The committee also reported an amendment to the Nurses Registration Act which prohibits the establishing of training schools for nurses without the approval of the Minister of Health.

Permanent Education Fund Administrative Committee: According to the policy adopted at the general meeting in 1936, loans from this Fund would only be given to nurses who held membership in the Registered Nurses Association of Ontario prior to January 1, 1936. The meeting adopted a resolution whereby any nurse who is a member of the Association might be given a loan. *The Trust Fund Committee* reported that two loans had been made.

Florence Nightingale Memorial Fund: The Committee reported that $1,014.86 had been contributed during the past year, and during the five-year period, the total contributions from Ontario amounted to $3,535.26. The Committee on Health Insurance is on the alert to secure the inclusion of nursing in any health insurance scheme which may develop. The Committee to *"Study the question that all who nurse the sick for hire"* is continuing to study this important question, but as yet have no definite plan to offer.

The Provincial Joint Committee, National Enrolment of Nurses for Emergency Service, reported that there are 463 nurses enrolled for this service, an increase of 101 over last year, but still below the objective of 725. Plans approved by the board of directors and the director of the Ontario Red Cross Society are under way whereby the enrolled nurses will be listed according to zones and the list will be filed with the secretary of the office of the Red Cross, as nearly as possible in the centre of the zone. One nurse on each list will be designated by the Registered Nurses Association of Ontario as the "key" person to be contacted immediately in emergency and she will have a duplicate list of the nurses enrolled in the zone.

The Committee appointed to study the establishment of Bureaux of Nursing, is still of the opinion that an experimental bureau, which would supply all types of nursing and housekeeping service, in any chosen community in Ontario, is an essentially progressive step for the Registered Nurses Association of Ontario to undertake. Enquiries have been received by the Private Duty Section, asking for information and help concerning the formation and reorganization of registries and a resolution was adopted whereby the Committee will be asked to provide such information.

The Committee on the Distribution of Nursing Service in 1937 were authorized to make a further survey relating to the non-hospitalized sick in three of the districts. A compilation of the study has been made, but there has not been time for any detailed analysis of the findings.

The Committee on Relationships between the Registered Nurses Association of Ontario and the Schools of Nursing of the Universities of Ontario was formed in 1937 to provide means by which the University Schools can keep the professional group informed concerning their activities, be advised of professional opinion and requirements, and receive professional allegiance and support. The trend of thought within the nursing profession which led to the development of University Schools was dealt with in the comprehensive report presented from this Committee.

The Nurse Education Section reported that four refresher courses had been given at the School of Nursing, University of Toronto. In order to obtain an idea of what

progress had been made throughout the province, in the study of the "Proposed Curriculum for Schools of Nursing in Canada", a study outline drawn up by Miss Lindeburgh was sent in January to approved training schools for nurses. The replies received were summarized and presented. *The Public Health Section reported* that, in addition to the refresher course given by the School of Nursing, University of Toronto on orthopaedic nursing, another was given by the University of Western Ontario. Two one-day refresher courses on poliomyelitis were held in London and Windsor. Employment conditions in public health nursing show improvement. *The Private Duty Section* reported that its main activity had been the continued study of the eight-hour day now in operation in seventeen centres throughout Ontario. The report stated that there is a marked increase in employment, that it provides more efficient service to the public, that it is meeting with favour from medical men, and is becoming more popular with the nurses.

Progress reports were presented by the Chairman from the nine District Associations. These all showed a keen interest in the work of the Association throughout the Province. Arrangements were made for 51 student nurses as representatives from 33 training schools to attend the meeting. Their appreciation of this opportunity, and of the kind hospitality extended to them in Kingston, was expressed to the Association by one of the students.

A well attended public meeting was held on Thursday evening when we were delighted to have as our guest speaker, Dr. Frederick F. Tisdall, chairman of the committee on nutrition, Canadian Medical Association; Director of Nutritional Research Laboratories, Hospital for Sick Children, and Department of Paediatrics, University of Toronto. Dr. Tisdall's address on "What to eat to be healthy" made those who heard him feel that with proper nutrition one could secure greater vigour and longer life. Had the speaker overheard a group of nurses give their orders for lunch on the following day, he might have thought that they were beginning to realize the value of a better balanced diet.

Many social functions were interspersed with business. The members of the Board of Directors were entertained at a dinner the evening before the opening of the general meetings. The delegates were guests on Thursday afternoon, either at the tea at the Kingston General Hospital or at the Hôtel Dieu Hospital. Through the kindness of the Kinsmen Club, a drive around this delightful historic city was arranged, followed by a tea given by the Alumnae Association of the Kingston General Hospital. The senior nurses of the Kingston General Hospital entertained the visiting student nurses at a luncheon.

There were many interesting exhibits among those listed as professional and educational. May we specially mention the "Nurses" Registry—past, present and future", as prepared by Miss Madalene Baker. The exhibit prepared by the Sisters of the Hôtel Dieu Hospital, including a miniature hospital and nurses, was of great interest. One of the high-lights of the convention was *The Canadian Nurse* booth and talkies. This was the work of a committee in District 5, and "Jane and Mary" attracted large crowds whenever they appeared in "On and Off Duty". The commercial exhibits presented a very attractive appearance and were much appreciated by the delegates. Some of the firms have attended the Annual Meetings of the Association for some few years. This year we were pleased to welcome two new firms. The Registered Nurses Association of Ontario greatly appreciated the co-operation of these firms in assisting to make their meeting in 1938 a successful one.

The officers appointed for 1938-39 are: President, Miss Constance Brewster, Hamilton; first vice-president, Miss Jean L. Church, Ottawa; second vice-president, Miss Mildred I. Walker, London; secretary-treasurer, Miss Matilda E. Fitzgerald, 3 Willcocks Street, Toronto.

Matilda E. Fitzgerald

THE R.N.A.O. FORGES AHEAD

By way of commenting upon Miss Fitzgerald's excellent description of a lively meeting we would like to say that we thoroughly enjoyed it ourselves. The R. N. A. O. is growing rapidly in numbers, in prestige and in influence and, under the extremely capable leadership of the retiring president, Miss Ethel Cryderman, the past two years have been full of real achievement. Miss Fitzgerald forgot to mention that at this meeting, the Association again gave high praise to the efficient service given by its executive secretary.

We confess that we spent a lot of time hanging around *The Canadian Nurse* booth, watching successive audiences enjoy the talking puppet show. This theatrical event is booked for "the big-time circuit" at the Biennial Meeting of the Canadian Nurses Association in Halifax so we are not going into details about it here. We would like to say however that this amusing and ingenious production was written, produced, directed and PAID FOR by District 5, R. N. A. O. Among the many nurses who helped were Miss Cory M. Taylor, convener of the special committee, Miss Irene Weirs, Miss Esther Strachan, Miss Dorothy M. Percy, Miss E. Cale, Miss Ethel Greenwood, Miss Winter and others. The *Journal* has received excellent support, in more ways than one, from the Registered Nurses Association of Ontario and we are glad to acknowledge our debt to those who have helped us.

OBITUARY

The death occurred on April 19, 1938, in Vancouver, British Columbia, of Elizabeth Gertrude Breeze. At the time of her death, Miss Breeze was the director of nursing service of the Metropolitan Health Committee of Greater Vancouver, and in the May issue of the *Journal* an article from her pen gave a vivid picture of the magnitude of this undertaking to which she herself had made such a notable contribution. Her great capacity for organization, coupled with unfailing tact and patience, made it possible to bring about difficult adjustments and to establish the harmonious working relationships which ensure an efficient nursing service.

Miss Breeze was a graduate of the School of Nursing of the Hospital for Sick Children, Toronto. In addition to other postgraduate study, she obtained the certificate in public health nursing granted by the University of California. In 1910 she initiated the school nursing service in Vancouver and, until her appointment to the Metropolitan Area, was its supervisor and chief nurse. She was actively associated with both national and provincial nursing organizations. A charter member of the Registered Nurses Association of British Columbia, she also served as its president. Health education was another of her principal interests. In collaboration with J. Mace Andress, she wrote "Health Essentials for Canadian Schools" and served on the curriculum committee which rearranged high school studies in health education for the Province of British Columbia.

Honoured by the community, beloved and respected by her own staff, and mourned by her professional colleagues in every part of the Dominion, this good woman and fine nurse has entered into rest.

FLOOD —

The death occurred recently in Saint John, N. B., of Ida May Flood, a graduate of the School of Nursing of St. Joseph's Hospital, Saint John, N. B. Hardly had she entered upon her professional career when she was stricken with the long illness which caused her death. She is deeply mourned by her many friends.

MATHESON —

On April 22, 1938, the death occurred of Jean Matheson, a graduate of the School of Nursing of the Winnipeg General Hospital and one of the most outstanding military Nursing Sisters in the Dominion. Prior to the illness which led to her death, Miss Matheson held the position of Matron of the Shaughnessy Military Hospital in Vancouver, B. C. Her distinguished record of overseas service, from 1915 to 1919, was recognized by the award of the Mons Medal, the Victory Medal, the Royal Red Cross and the King George Jubilee Medal. But far more than these honours, she herself valued the respect and affection of the soldiers whom she served with such untiring devotion both at home and abroad. She was actively interested in the work of the Vancouver unit of the Overseas Nursing Sisters Association and from 1936 to 1937 served as its president. Prior to her military service, she held, successively, the positions of superintendent of nurses in the Royal Inland Hospital, Kamloops, in Tranquille Sanitorium and in the Queen Victoria Hospital, Revelstoke.

Any formal record of her professional accomplishment somehow fails to give a picture of the woman herself—the fine presence, the bright eyes, the swift smile. These were Jean Matheson as her friends knew her—simple, and true, and brave. It was the sacred privilege of the writer to be near her during the last battle of all. Even in the wind of death itself, her spirit burned with a clear unwavering flame. She died as she had lived—a gallant soldier. May the earth of Soldier's Field lie light above her.

SCRIBNER —

The death occurred suddenly on March 24, 1938, of Mrs. L. Gertrude Scribner. Mrs. Scribner was a graduate of the School of Nursing of the Buffalo Homeopathic Hospital, Buffalo, N. Y., and had resided in British Columbia for some years.

SMITH —

The death of Miss Bertha Sophia Clarke Smith, M.B.E., occurred on April 9, 1938. Her death closes a career of service which was recognized in the New Year honour list of 1934, when she was made a member of the Order of the British Empire "for distinguished service to the Empire in child welfare and social service." She took her professional training in St. Luke's Hospital, New York, and on her graduation engaged in private nursing for some years, several of which were spent in Europe. As matron of a group of Canadian nurses for overseas service at the beginning of the World War, she was assigned to St. John's Brigade Hospital at Etaples, where she remained from July, 1915, until the hospital was destroyed by bombing on May, 1918, at which time she was awarded the Order of Honorable Serving Sisters of the Order of St. John of Jerusalem for distinguished service. On her return to London, Miss Smith organized the Child Welfare Association. Under her guidance as supervisor of the Nursing Staff and director of the Association, she made this organization an outstanding success. A valued member of many organizations as well as a beloved leader in her own, Miss Smith was an officer of the London Unit of the Overseas Nursing Sisters Association of Canada and lent her interest and wise judgment to many worthy undertakings.

More softly than the dew is shed or cloud is floated overhead
"He giveth His beloved sleep"

Notes From the National Office

Contributed by JEAN S. WILSON,
Executive Secretary, The Canadian Nurses Association

Halifax, 1938

The following paragraphs give the final information concerning the Nineteenth General Meeting of the Canadian Nurses Association which is to be held in the Nova Scotian Hotel, Halifax, from July 4 to 9, 1938.

Church services are being arranged for those who will be in Halifax for Sunday evening.

Monday is reserved for meetings of the Executive Committee and special committees.

The first business session is scheduled for Tuesday morning at 9 o'clock.

An outline of the programme was published in the April number while numerous announcements have appeared in several previous issues of the *Journal*.

Representation

The official delegates at a General Meeting of the Canadian Nurses Association are appointed by the Provincial Associations. Each of these organisations is entitled to one voting delegate for each of its fifty members, with a maximum of ten delegates.

Voting

Official delegates vote on all questions which have been submitted previously to the Provincial Associations. On all other questions, where the policy of the Provincial Associations is not involved, all members in good standing may vote. Members should have with them their Provincial Membership Cards for identification. Credential cards, duly signed by the President and Secretary of a Provincial Association are issued for identification of the official delegates.

Registration Fee

The customary fee of one dollar will be required of all members when registering.

Fraternal Delegates

It is a great satisfaction to the Canadian Nurses Association that through the function of the National Joint Study Committee an attitude of pleasant co-operation and interest has been created between the Association, the Canadian Medical Association and the Canadian Hospital Council. Recognizing the growing responsibility of all three bodies for community nursing service, the Executive Committee of the Canadian Nurses Association invited the Canadian Medical Association and the Canadian Hospital Council to each appoint a representative to attend the 1938 General Meeting. The Canadian Nurses Association is desirous that these organizations may become further acquainted with the policies and problems of the Association. Dr. H. B. Atlee, of Halifax, will represent the Canadian Medical Association and Dr. S. R. D. Hewitt, of Saint John, the Canadian Hospital Council.

Nominations

The ticket of nomination for each General Meeting of the Canadian Nurses Association is prepared from nominees proposed by the nine Provincial Associations of Registered Nurses. The names of the two highest nominees for each office are included on the nomination ticket. Members of the Association who have become nominees for election to office for the biennial period, 1938-1940, are:

For President: Miss Grace M. Fairley, Director and Principal of the School of Nursing, The Vancouver General Hospital, Vancouver, B. C.

For First Vice-President: (1) Miss Elizabeth L. Smellie, Chief Superintendent, The Victorian Order of Nurses for Canada, Ottawa, Ont.; (2) Miss Rae Chittick, Health Director, Provincial Normal School, Calgary, Alta.,

For Second Vice-President: (1) Miss Marion Lindeburgh, Acting Director, School for Graduate Nurses, McGill University, Montreal, Que., (2) Miss Marion F. Haliburton, School Nurse, Halifax, N. S., (3) Miss Fanny Munroe, Superintendent of Nurses, Royal Alexandra Hospital, Edmonton, Alta.,

For Honorary Secretary: (1) Miss Kathleen I. Sanderson, Vancouver, B. C., (2) Miss Huilota Dykeman, Director of Public Health Nursing, Province of New Brunswick, Saint John, N. B., (3) Miss Agnes J. MacLeod, Director of the School of Nursing, University of Alberta, Edmonton, Alta.,

For Honorary Treasurer: (1) Miss Alena J. MacMaster, Superintendent, Moncton Hospital, Moncton, N. B., (2) Miss Kathleen W. Ellis, Registrar and School of Nursing Adviser for the Province of Saskatchewan, Regina, Sask.,

Overseas Nursing Sisters

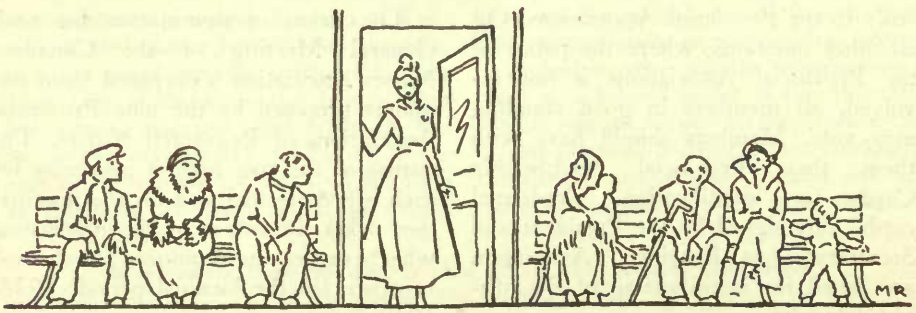
The Overseas Nursing Sisters Association of Canada will hold their biennial meeting and luncheon on Wednesday, July 6, in Halifax. The Nova Scotian Branch of this Association will entertain the visiting members at high tea at the Ashburn Golf and Country Club, on Friday, July 8.

Information Bureau

The Arrangements Committee will have the Information Bureau in operation from 8 a.m. Monday, July 4. The Bureau will be centrally located in the Nova Scotian Hotel, adjacent to the Main Entrance. Those in charge of this Bureau will be prepared to supply all kinds of information, so do not hesitate to seek their help.

Professional Exhibits

Arrangements for the professional exhibits during the General Meeting are under the direction of the Registered Nurses Association of Nova Scotia, assisted by the Registered Nurses Associations of New Brunswick and Prince Edward Island. The exhibit will be on the convention floor of the Hotel. The plans of the nurses of the Maritime Provinces assure an exhibit of unusual interest and value.



EXHIBITORS AT THE BIENNIAL MEETING

A display of products by business firms has become an instructive and attractive part of each General Meeting. During the week in Halifax such displays will be located in the Rotunda and Ladies' Writing Room of the Nova Scotian. For many nurses, visits to these booths will renew contacts made during previous General Meetings. As this announcement was prepared on May 1, the following list of exhibitors is limited to those who made reservations before that date:

Vi-Tone Company, Hamilton, Canada, Booth No. 1.

Vi-Tone, a Canadian product, easy to serve, popular priced and made in part from soya beans—The Wonder Food—richer than beef in proteins, richer than milk in calcium, richer than any other food substance in vitamins, mineral salts and amino acids. We invite you nurses to visit our exhibit and sample Vi-Tone.

Ayerst, McKenna & Harrison, Limited, Montreal, Quebec, Booth No. 2.

Ayerst, McKenna & Harrison, Limited, will show biological products, particularly Emmenin, the orally-active, oestrogenic hormone, A.P.L., the chorionic, gonadotropic hormone, and the factors of the anterior hypophysis, all supplied with the approval of the Department of Biochemistry, McGill University. Alphamettes, a standardized concentrate of defatted cod liver oil in capsule form, will be featured as well as "Calcium A", the mineral-vitamin dietary supplement. Glucose-D should be of particular interest to the nursing profession. Glucose-D not only provides the glucose, minerals and vitamin D necessary to "carry through" in convalescence but nurses will find this product a particularly valuable prescription for themselves when on duty.

G. H. Wood & Company Limited, Toronto, Ontario, Booths No. 4 and 5.

Once again, G. H. Wood & Company Limited will have a comprehensive display of their products at the Canadian Nurses Association Convention. This Company specializes on surgical green soaps, liquid baby soaps, and various disinfectants and insecticides, which are used in the majority of Canadian hospitals. They have just completed a new surgical soap dispenser for scrub-up rooms, that holds two hundred ounces. The dispenser is chromium plated, and is lined with non-corrosive metals. Upon deflecting the foot pedal, a measured quantity of soap is dispensed directly into the palm of the hand. This is the most modern and efficient dispenser yet produced. It also can be used for dispensing alcohol. G. H. Wood & Company Limited have a floor treatment department, specializing in floor treatments, cleaning compounds, wax emulsions, etc. A visit to their display will prove most profitable.

The Macmillan Company of Canada Limited, Toronto, Ontario, Booth No. 9.

The name "Macmillan" is probably the most familiar publishing imprint in the British Empire. For almost a century the name "Macmillan" has been found on the title-page of distinguished books, scientific works and school and college texts in England. Today in India and Australia, as well as here in Canada, hundreds of thousands of readers acknowledge our imprint as the hallmark of our high tradition.

Libby, McNeill & Libby of Canada Limited, Chatham, Ontario, Booth No. 10.

Baby's first solid foods should be well tolerated and easily digested. Libby's Homogenized Baby Foods are ideal for early feeding because in addition to being strained they are given an extra process . . . homogenization . . . which makes baby's vegetables easier to digest than the finest straining or sieving. We invite you to visit the Libby exhibit to sample fruit juices and to register for samples of Libby's Baby Foods. Be sure to see our film "Solid Foods in the Infant Dietary" to be shown at the close of the Wednesday afternoon session.

J. B. Lippincott Company Montreal, Quebec, Booth No. 11.

The J. B. Lippincott Company of Philadelphia will provide a display from their

WANTED

Applications are invited for the post of lady superintendent in a General Hospital of one hundred bed capacity in the Province of Ontario.
Apply with references, stating age, experience and salary expected to

Box 6, *The Canadian Nurse,*
Ste. 401, 1411 Crescent St., Montreal, P. Q.

Canadian Medical and Nursing Publications Division in Montreal. A new and discriminating selection of Nursing Text Books and supplementary volumes will be on display. A special display of the new Lippincott publication—Digest of Treatment—the magazine which is rapidly becoming one of the leading publications in North America, should prove interesting to those visiting the Convention. A special section, devoted to books of general interest will also be maintained.

The highlight of the Lippincott Exhibition this year is the Lippincott Lounge that will be provided for the greater enjoyment of the nurses attending the Convention. This Lounge will be situated on an upper floor of the Nova Scotian Hotel and the House of Lippincott wish the visitors to the Convention to regard it as their private club. The powder room is available with every necessity with a maid in attendance to provide your every want. The Main Lounge Room is furnished with the idea of comfort in mind. Since this Lounge is reserved exclusively for ladies, it is hoped they will feel perfectly free to rest between meetings as easily and comfortably as in their own rooms. A conference room is at their disposal, should one have personal matters to discuss with friends at the Convention. This room is available by appointment. An appointment book will be provided which should be a great convenience for messages a visitor might wish to leave for other people. The J. B. Lippincott Company's only motive of placing this suite of rooms at your disposal is that your stay at the Convention may be more pleasant and more profitable to you than ever before. The only difference between this and your own private club is that there are no dues, no charges and no tipping for services rendered. We extend to all nurses a cordial invitation to make use of this Lounge, with our compliments and best wishes.

A. Wander Limited, Peterborough, Ontario, Booth No. 12.

Whenever you feel tired, or "on edge", visit the A. Wander Limited booth and have a refreshing cup of Ovaltine, the well-known Tonic-Food Beverage. To meet the daily exacting duties of your profession, renewed energy is essential. Take Ovaltine, and as there is nothing too good for the sick suggest Ovaltine to your patients. Be sure to register at our booth for a complimentary tin.

Shirriff's Limited, Toronto, Ontario, Booth No. 14.

"History records a King who never said a foolish thing and never did a wise one." We differ from the old codger—*we did a wise one.* Shirriff's Limited manufactures a special institutional product—true tasting, flavourful, twenty-minute dessert. *Gibbons' Quickest Jelly Powders and Desserts.* A cent a serving! Charges prepaid to any institution in Canada. Have a drink of Shirriff's Fruit Rickey at our Booth.

WANTED

Applications for the position of lady superintendent of a sixty bed hospital and training school in a town of 8,000, not far from Toronto. The position combines the superintendent's work, together with some teaching in the training school. Hospital up-to-date and in good order.

Apply to: Box 10, *The Canadian Nurse,*
Suite 401, 1411 Crescent St., Montreal, P. Q.

MORE ABOUT SOUTH AFRICA

Announcement has already been made in previous issues of the *Journal* concerning Canadian nurses who have received appointments for service in Groote Schuur Hospital, Cape Town, South Africa. Miss Jean E. Browne, convener of the Committee on Exchange of Nurses appointed by the Canadian Nurses Association announces that Miss Jean Blackbourne, Miss Joyce Bricker and Miss Hazel M. Hay have also been accepted. Miss Blackbourne is a graduate of the School of Nursing of the University of Alberta Hospital, Edmonton; Miss Bricker is a graduate of the School of Nursing of St. Joseph's Hospital, Victoria, and is now on the nursing staff of the West Coast General Hospital, Port Alberni; Miss Hay is a graduate of the School of Nursing of the Royal Victoria Hospital, Montreal, and is now a supervisor in the Royal Victoria Montreal Maternity Hospital. The appointment of these three nurses brings the total to twenty, all of whom have been most carefully selected.

The following extracts from a letter received by Miss Jean E. Browne from Miss Winnifred Perrin will be read with interest:

The trip to England was rough but we lost only two days, and considered ourselves good sailors. Even after we left England, the weather was quite cold, and we wore fur coats until we reached Madeira. I got a real thrill there. It is a completely new picture, extremely native. The boat anchored off the island, and we went ashore in small boats. The docks just swarmed with natives, mostly Italian. The streets are very narrow and are of cobblestone, tiny oval stones, very hard to walk on. The cars rattle along the streets, among pedestrians and funny little carts drawn by oxen or mules.

We took a drive about the island, going up the mountain. There is a very good view from there of the town and the sea. We stopped at several shops to see the girls doing Madeira linen work.

Mrs. Howard did not receive our cable until the morning we landed, but sent her secretary to meet us. We were also met by Mr. Gurney, the president of the Cape Town Rotary Club. He was very kind to us and I have made friends of his family. In fact it seems almost like home already. The situation of the Groote Schuur Hospital is beautiful. High up above the main town, we can overlook the town and the sea. The air is glorious although it is a windy spot. The "South-Easterlies" blow and blow. We have learned to go without hats, and wear hair nets instead. The building itself resembles the Dutch style of architecture. There are nurses here from all over the Union, from Australia, New Zealand, England, Scotland, Germany and Canada. We are enjoying it immensely. Already we are planning to visit Kruger National Park and other interesting spots during our vacation.

VICTORIAN ORDER OF NURSES

Admissions:

Miss Minnie Whitaker has been admitted to the Sudbury staff.

Transfers:

Miss Dorothy Clark has been transferred from the Border Cities staff to the position of nurse-in-charge of the Galt branch. Miss Mary Chepesiuk has been transferred from the Sudbury staff to the position of nurse-in-charge of the Cobalt branch. Miss Katherine Nattress has been transferred from the Toronto staff to take charge of the recently organized branch at Chatham, Ontario, opened on May 1.

Resignations:

Miss Rena Shipley has resigned as nurse-in-charge of the Galt branch.

NIGHTINGALE MEMORIAL FUND

Further contributions to the Florence Nightingale Memorial Fund have been received as follows:

British Columbia

St. Eugene School of Nursing, Cranbrook	$ 5.00
Nursing Staff, Mission Memorial Hospital	1.25
Nursing Staff, Vernon Jubilee Hospital	5.00
Graduate Nurses Association, New Westminster	25.00
A.A., St. Joseph's Hospital, Victoria	5.00
Nursing Staff, Royal Jubilee Hospital, Victoria	12.00
Student Nurses, Royal Jubilee Hospital, Victoria	20.00
Science Girls Club, Vancouver	15.00
Overseas Nurses Association, Vancouver.	10.00
Miss Meta Hodge, Victoria	1.00
Abbotsford-Matsqui Health Centre	4.00
Kamloops Graduate Nurses Association	15.00
Nursing Staff, Kimberley Public Hospital	10.00
Miss Rutherford, Salmon Arm	1.00
Nursing Staff, Tranquille Sanitorium	4.60
Graduate Nurses Association, Victoria	10.00
Graduate Nurses Association, Vancouver	20.00
A.A., Vancouver General Hospital	75.00

Manitoba

Staff, Freemason's Hospital, Morden	2.00
Sister Superior, Swan River Hospital	1.00
Student Nurses, Winnipeg General Hospital	5.00
Staff Nurses, Winnipeg General Hospital	20.00
Staff Nurses, Municipal Hospitals, Winnipeg	8.00
Student Nurses, St. Joseph's Hospital, Winnipeg	5.00
A.A., Grace Hospital, Winnipeg	10.00
Miss J. Kerr, Vita Hospital	1.00

Nova Scotia

Pictou County Branch, Registered Nurses Association of Nova Scotia	5.00
Staff Nurses, Children's Hospital, Halifax	9.90

Ontario

A.A., General Hospital, Brockville	10.00
Students and Staff, General Hospital, Brockville	12.00
A.A., Victoria Hospital, London	30.00
A.A., Hamilton General Hospital	25.00
A.A., Riverdale Hospital, Toronto	10.00
Community Health Association, Toronto	10.00

Quebec

Association des Gardes-Malades Graduées de l'Hôpital St. Joseph, Three Rivers	5.00
Student Nurses, Jeffrey Hale's Hospital, Quebec	10.00
Student Government Association, Montreal General Hospital	35.00
Student Government Association, Royal Victoria Hospital	50.00
Nursing Staff, St. Mary's Hospital, Montreal	10.00
School of Nursing, St. Luke's Hospital, Montreal	5.00
Nursing Staff, Alexandra Hospital, Montreal	10.00
Edith Cavell Chapter, I.O.D.E., Montreal	5.00

Saskatchewan

Prince Albert Graduate Nurses Association	5.00

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CORNWALL GENERAL HOSPITAL, CORNWALL, ONTARIO

NEWS NOTES

BRITISH COLUMBIA

VICTORIA:

A full account of the recent annual meeting of the Registered Nurses Association of British Columbia will be found elsewhere in this issue of the *Journal*.

VICTORIA:

The annual meeting of the Alumnae Association of the Royal Jubilee Hospital was held recently with an excellent attendance. The reports showed a successful year and augured well for the future. A life membership was presented to Mrs. G. Wilson, who has been a valued member for many years and is now confined to her home through ill health. Our membership numbers 123, an increase of 39 members since last year. Our 1937 Bursary of $100.00 was presented to Miss Elizabeth Copeland, class of 1936, who is now taking a post-graduate course at the University of British Columbia. In future the Bursary will be presented at the graduation exercises, Miss Mitchell having honoured us by including this award on the programme. Miss Elizabeth Braund, class of 1932, now taking a post-graduate course at the Hospital for Sick Children, Toronto, was chosen for the 1938 award. Officers for the ensuing year were elected as follows: president, Mrs. Russell; first vice-president, Miss Kirkendale; second vice-president, Mrs. G. M. Duncan; secretary, Miss V. Freeman; assistant secretary, Miss E. Rossiter: treasurer, Mrs. Dowell; social convener, Mrs. Daniels; sick nurses committee, Miss Newman; press reporter, Miss M. Dickson. A pleasant social hour followed the meeting. Plans were made for a flannel dance to be held in June at the Royal Victoria Yacht Club.

VICTORIA:

Miss Margaret Green, graduate of the Provincial Royal Jubilee Hospital, Victoria, has been accepted for staff duty at the Groote Schuur Hospital, Cape Town.

VANCOUVER:

A very successful refresher course for public health nurses was held recently in Vancouver under the auspices of the Provincial Board of Health and the Department of Nursing and Health of the University of British Columbia. The programme covered a wide field, including child welfare, conservation of sight and hearing, control of communicable diseases, endocrinology, and venereal disease control. The sessions closed with a dinner followed by a delightful address by Professor P. A. Boving on arts and crafts of Northern Europe.

The graduation exercises of St. Paul's Hospital, Vancouver, took place recently with forty nurses receiving diplomas.

VANCOUVER:

Married: Recently, Miss Margaret Isabel Orr (Vancouver General Hospital) to Dr. R. W. Boyd.

Married: Recently, Miss Laura Serena Finlayson (Huntington County Hospital, Huntington, Indiana) to Mr. Ernest Jones.

NELSON:

A meeting of the Nelson Graduate Nurses Association was held recently with thirty-five members present. Miss Sybil Keeler acted as a delegate to the annual meeting of the British Columbia Registered Nurses Association held in Victoria. The Kodascope, recently purchased by the Association, was donated to the Hospital to be used by the nursing and medical profession for educational purposes. Dr. L. E. Borden gave an interesting talk on his experiences during thirty-five years of private practise, following which a demonstration of the new Kodascope was given by Dr. Sparkes, medical health officer.

MANITOBA

BRANDON:

The Brandon Graduate Nurses Association held their annual dinner on May 3, the graduating class of the General Hospital being the honour guests. The president, Miss V. Vance, introduced the guest speaker, Miss Ruby Simpson, president of the Canadian Nurses Association, who addressed the graduating class with reference to the many channels through which a nurse may serve. Then turning to the graduates as a body she discussed the problems to be presented before the Canadian Nurses Associaton at the forthcoming Biennial Meeting, followed by a vivid description of the International Congress of Nurses. Miss E. McNally tendered a vote of thanks to Miss Simpson.

At the business meeting Miss E. Fotheringham brought in the secretary's report and Mrs. D. L. Johnson that of the treasurer. Mention was made of the classes in home nursing conducted for unemployed girls, and donations made to the Citizen's Welfare League. Officers were elected as follows: Honorary president, Miss Birtles, O. B. E.; honorary vice-president, Mrs. W. H. Shillingham; president, Miss V. Vance; first vice-president, Mrs. D. L. Johnson; second vice-president, Miss C. McIntee; secretary, Miss E. Fotheringham, 2211 Ros-

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ser Ave.; treasurer, Mrs. H. Alexander; registrar, Miss C. Macleod; cook books, Miss M. Trotter; press correspondent, Miss M. Peacock; social, Miss E. Hannah; citizen's welfare representative, Mrs. S. Perdue; visitor, Mrs. G. Pearson; representative to *The Canadian Nurse,* Mrs. W. Kirkwood; representative to private duty section, Miss D. McCaw; conveners of committees: Mrs. S. J. S. Peirce, Miss D. McCaw, Mrs. G. Fotheringham, Mrs. M. Long, Miss A. Brigham and Miss D. Muir.

NEW BRUNSWICK

SAINT JOHN:

The Saint John Local Chapter of the New Brunswick Association of Registered Nurses recently held a meeting with Miss Margaret Murdoch, the president, in the chair. Dr. K. A. Baird gave an interesting lecture on allergy.

The Alumnae Association of the Saint John General Hospital recently held its annual meeting with the retiring president, Mrs. F. M. McKelvey in the chair. The Alumnae Association will observe its fiftieth anniversary this year and plans were made to combine the jubilee celebration with its annual entertainment of the graduating class. The officers for the ensuing year are as follows: president, Mrs. A. L. Donovan; first vice-president, Miss Belle Howe; second vice-president, Miss Susanne Hartley; treasurer, Miss Rheta Wilson; secretary, Miss Mary Crossman. The additional members of the executive are: Miss Margaret Murdoch, Miss J. Hemphill, Mrs. George Brown, Miss F. Congdon, Mrs. Harvey Ellis and Miss B. Thomas. The members of the committees are as follows: entertainment, Mrs. F. Chase, Mrs. L. H. Burton and Miss Belle Howe; refreshments, Mrs. Leonard Dunlop and Miss Cecilia Gleeson.

Miss Regina Reid (St. J. G. H., 1933) has been appointed assistant superintendent of nurses at the Tuberculosis Hospital, East Saint John. Miss Reid succeeds Miss Marion McDonald, who was recently married.

Married: On April 5, 1938, Miss Marion Marie McDonald (St. J. G. H., 1932) to Dr. Basil Douglas B. Layton.

Married: On April 30, 1938, Miss Amy Louise Hatfield (St. J. G. H., 1933) to Mr. William Charles Purssell.

NOVA SCOTIA

WOLFVILLE:

The Valley Branch of the Registered Nurses Association of Nova Scotia met recently at Eastern Kings Memorial Hospital, Wolfville, the chief topic of discussion being Dominion Registration and health insurance for nurses. It was decided that the Valley

Branch should erect a welcome banner at Digby Pier to welcome nurses coming into the Province to attend the Biennial Meeting of the Canadian Nurses Association to be held in Halifax in July. Following the meeting a delightful lunch was served by Miss Bangston and her staff.

ONTARIO

District 1

LONDON:

Miss Donna Leone Huffman has recently accepted an appointment as public health nurse in Burlington. Miss Huffman, a graduate of the St. Joseph's Hospital School for Nurses, London, received her B.Sc. degree from the University of Western Ontario in 1936. In Burlington, she succeeds Miss Phyllis McFarlane.

Districts 2 & 3

GUELPH:

The Alumnae Association of St. Joseph's Hospital has elected the following officers for the ensuing year: Honorary president, Sister M. St. Basil; honorary vice-president, Sister M. Geraldine; president, Miss K. Bolger; secretary, Miss P. McComb; treasurer, Miss H. McGillivary; corresponding secretary, Miss G. Hope; convener of the programme committee, Miss D. Taylor. St. Joseph's Hospital was represented at the convention of the R. N. A. O. in Kingston by Sister M. Geraldine (nurse education), Miss K. Bolger, Miss G. Hope (private duty). Miss D. Gaettler and Miss E. Ranthier represented the student nurses.

District 5

TORONTO:

The Alumnae Association of the Hospital for Sick Children reports the following appointments: Miss Edith Wilson (H.S.C., 1936) has been appointed assistant superintendent of the Protestant Children's Home in Ottawa. Miss Lucy Ashton (H.S.C., 1935) is now in charge of the Girls Medical Ward, H.S.C. Miss Aline Stacey (University Hospital, Edmonton, Alberta) has been appointed head nurse of the Boys Medical Ward, H.S.C.

Married: Recently, Miss Gwen Downs (H.S.C., 1932) to Mr. Tidy.

Married: Recently, Miss Adelaide Johnston (H.S.C., 1936) to Mr. Ronald Gilmour.

TORONTO:

The regular meeting of the Alumnae Association of the School for Nurses of the Toronto Western Hospital was held recently with a capacity attendance. Miss Gladys

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Sharpe ably presided and after the business meeting the draw for the Bermuda Cruise Tickets (a special feature of the evening) was made by Dr. A. Willinsky and won by Mrs. Godfrey. The proceeds will be used in aid of the Sick Benefit Fund for Nurses. Dr. A. I. Willinsky then gave a colorful motion picture travelogue entitled "Mediterreanean meanderings". He traced his journey through Madeira, Malta, Gibraltar, Algiers, Monte Carlo, Isle of Capri and Tripoli. An admission fee of twenty-five cents was charged and the proceeds will be used to purchase a motion picture projector for the School for Nurses.

District 7

Kingston:

The officers elected by District 7, Registered Nurses Association of Ontario, for the ensuing year are as follows: Chairman, Mss M. F. Bliss, Smiths Falls; first vice-chairman, Miss A. Baillie, Kingston; second vice-chairman, Miss Crawford, Kingston; secretary-treasurer, Miss Dorothy Bluhm, Box 612, Smiths Falls. The councillors are Miss O. M. Wilson, Kingston; Miss V. Manders, Perth; Miss G. Gore, Smiths Falls; Miss Logan, Brockville; Miss J. Guest, Kingston and Miss O. McDermott, Kingston. The conveners of sections are: nursing education, Miss L. D. Acton, Kingston; public health, Miss M. E. Ross, Kingston; private duty, Miss A. Church, Smiths Falls. The representative to *The Canadian Nurse* is Miss O. McDermott.

On the third Tuesday of each month, the Literary Club, composed of members of the graduate staff of the Ontario Hospital, Kingston, hold meetings, usually presided over by the librarian. News of the world is the topic of discussion one week, the following week is given to fiction. Miss Elizabeth Jenner (H.D.H., 1937) formerly a member of the nursing staff of the Ontario Hospital, Kingston, has been recently appointed assistant superintendent at Renfrew. Miss G. Bellyou (K.G.H., 1933), Miss Bragg (K.G.H., 1936), and Miss Irene Garvin (H.D.H., 1929) have been appointed to the staff of the Ontario Hospital, Kingston.

Married: Recently, Miss Genevieve Pelow (H.D.H., 1927) to Mr. H. McNeil.

Married: Recently, Miss Patricia Chattenden (St. Michael's Hospital, Toronto) to Mr. Leo Fowler.

District 8

Ottawa:

Reverend Sister Alice de Marie, former Superior of the Ottawa General Hospital, has been appointed Mother Assistant in the General Council of the Grey Nuns of the

Cross at Ottawa. She has been replaced by Reverend Sister St. Tarsicius, former Superior of Youville Hospital at Noranda, P.Q. Rev. Sister Marie Alban, pharmacist at the Ottawa General Hospital, has been recently named Superior at Youville Hospital. Rev. Sister Gedeon of Ottawa has been appointed Superior at Saint Michael's Hospital, Buchingham, P. Q. Rev. Sister Marie Aramde is taking a post-graduate course in obstetrics at Saint Mary's Hospital, Brooklyn, N. Y. Miss V. Belier attended the refresher course recently given by the School of Nursing, McGill University, in connection with the application of the curriculum. Miss Estelle Desormeaux acted as the delegate of the O. G. H. Alumnae Association at the annual meeting of the R. N. A. O. in Kingston.

The student nurses of the University of Ottawa School of Nursing enthusiastically welcomed the Reverend Sister Tarsicius as the new Superior of the Ottawa General Hospital. Addresses of welcome were given both in English and in French. Piano solos and bilingual selections by the Glee Club were much appreciated. Two French plays brought out talent and told of future possibilities. The high-light of the evening was the dramatization of the "Wedding of the Painted Doll", which brought the house down and resulted in numerous encores. And thus, Sister Superior was welcomed among us. It was certainly a happy family gathering, and one long to be remembered.

OTTAWA:

Married: Recently, Mrs. Seybold (Mary Rachel O'Brien) (St. Luke's Hospital, 1915) to Mr. Angus S. Williams.

DISTRICT 10

PORT ARTHUR:

A meeting of District 10, R. N. A. O., was held at St Joseph's Hospital, Port Arthur, on May 5 with the chairman, Miss Vera Belluz, presiding Arrangements were made to entertain the graduating classes of McKellar Hospital, Fort William, St. Joseph's Hospital and the General Hospital, Port Arthur, at a social evening at the Nurses Home of the Fort William Sanatorium. A special meeting of the private duty nurses is being held to discuss eight-hour duty. The chairman submitted a report of the annual meeting of the Registered Nurses Association of Ontario, recently held at Kingston. A paper dealing with nursing care in poliomyelitis, prepared by Miss Jean I. Masten, was read by Miss Dorothy Claydon. A social hour followed.

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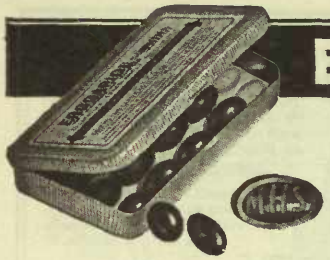

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QUEBEC

MONTREAL:

The Montreal Branch Association of the Metropolitan Life Insurance Company recently held their trimestrial meeting under the chairmanship of Miss Tessier. Miss M. L. Moag, superintendent of the Montreal Branch of the Victorian Order of Nurses, was the guest speaker and gave an interesting description of the International Congress in London which she attended as a delegate of the A. R. N. P. Q. Mrs. Ramsey was the interpreter of her fellow nurses' gratitude to Miss Moag for her delightful causerie. The following officers were elected for the ensuing year: president, Miss S. Leduc; vice-president, Miss A. Theriault; secretary-treasurer, Miss O. Prefontaine; librarian, Miss B. Bedard; hostesses, Miss I. Cote and Miss G. Briand. Miss Y. Demers, Mrs. E. Elliott, Miss C. Bergeron and Miss H. Beaudet were elected councillors. Miss Chess expressed thanks to the retiring committee for its good administration.

MONTREAL:

The Alumnae Association of the Children's Memorial Hospital has elected the following officers for the ensuing year: Honorary presidents, Miss A. S. Kinder and Miss E. Alexander; president, Miss R. Wilkinson; vice-president, Miss J. Cochrane; secretary, Miss B. Fox; treasurer, Miss E. Collins; committee conveners: social, Miss H. Nuttall; visiting, Miss M. Collins. Miss B. Hogue was elected representative to the Private Duty Section and Miss G. R. Murray to *The Canadian Nurse.*

Miss Hettie Easterbrook (C.M.H., 1931) has resigned to take up duties at the Shriners' Hospital for Crippled Children in Springfield, Mass. Miss E. Fox (C.M.H., 1934) has resigned and is going to do private duty nursing in Montreal. Miss E. Hillyard, Miss M. Watson and Mrs. Crawford (Kathleen Maddocks) were recent visitors to Montreal.

MONTREAL:

The class of 1932 of the Royal Victoria Hospital met recently for its second reunion dinner. Thirty-one members were present and three guests—Miss MacIntosh, Miss Lilly, and Mrs. David Munroe. Miss Electra MacLennan was toast mistress and Miss J. O. Clark read the greetings from absent members.

Miss Jean MacKone (R. V. H., 1935) has resigned from the staff of the operating room and Miss Dorothy Sellars (R.V.H., 1931) who has been in the out-door department, replaces her. Miss Helene Lamont (R.V.H., 1938) has joined the staff of the out-door department. Miss Florence Jamieson (R.V.H., 1933) has resigned from the staff of the Alexandra Hospital.

Married: Recently, Miss Margaret Stacey (R.V.H., 1935) to Mr. John MacKay.

Married: Recently, Miss Mabel Blackley (R.V.H. 1936) to Mr. William Hart, Jr.

Married: Recently, Miss Bernice Cowan (R.V.H., 1935) to Mr. H. W. Burri.

(Continued on page 336)

Official Directory

International Council of Nurses
Executive Secretary, Miss Anna Schwarzenberg, 51 Palace Street, London, S.W.1., England.

CANADIAN NURSES ASSOCIATION

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President ..... Miss R. M. Simpson, Parliament Buildings, Regina, Sask.
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Second Vice-President ..... Miss M. L. Moag, 1246 Bishop Street, Montreal, P.Q.
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Honorary Treasurer ..... Miss M. Murdoch, General Hospital, Saint John, N.B.

COUNCILLORS AND OTHER MEMBERS OF EXECUTIVE COMMITTEE

Numerals preceding names indicate office held, viz: **(1)** ***President, Provincial Nurses Association;*** **(2)** ***Chairman, Nursing Education Section;*** **(3)** ***Chairman, Public Health Section;*** **(4)** ***Chairman, Private Duty Section.***

Alberta: (1) Miss Kate S. Brighty, Administration Building, Edmonton; (2) Miss H. S. Peters, University Hospital, Edmonton; (3) Miss R. Chittick, Normal School, Calgary; (4) Mrs. M. Tobin, 385-4th Street, Medicine Hat.

British Columbia: (1) Miss G. M. Fairley, General Hospital, Vancouver; (2) Miss A. Cavers, Vancouver General Hospital; (3) Miss M. Kerr, Eburne; (4) Miss M. Teulon, 4237 Granville St., Vancouver.

Manitoba: (1) Miss Edith McDowell, Nurses Residence, General Hospital, Winnipeg; (2) Miss F. Roach, St. Boniface Hospital, St. Boniface; (3) Miss A. McKee, 604 Medical Arts Building, Winnipeg; (4) Miss T. Greville, 797 Broadway, Winnipeg.

New Brunswick: (1) Mrs. G. E. Van Dorsser, Health Centre, Saint John; (2) Sister Corinne Kerr, Hôtel Dieu Hospital, Campbellton; (3) Miss A. Burns, Health Centre, Saint John; (4) Miss Kathleen Lawson, 84 Wright St., Saint John.

Nova Scotia: (1) Miss Marion Haliburton, 40 South St., Halifax; (2) Miss K. Jamer, Victoria General Hospital, Halifax; (3) Miss A. Slattery, Windsor; (4) Miss Anna Brennan, 53 Pine St., Dartmouth.

Ontario: (1) Miss C. I. Brewster, General Hospital, Hamilton; (2) Miss R. M. Beamish, General and Marine Hospital, Owen Sound; (3) Miss M. Hoy, 27 Giles Blvd., Windsor; (4) Miss Madalene Baker, 249 Victoria St., London.

Prince Edward Island: (1) Sr. Stanislaus, Charlottetown Hospital, Charlottetown; (2) Miss Anna Mair, P. E. I. Hospital, Charlottetown; (3) Miss Ina Gillan, 277 Kent St., Charlottetown; (4) Miss G. MacGuigan, Charlottetown Hospital, Charlottetown.

Quebec: (1) Miss M. L. Moag, 1246 Bishop Street, Montreal; (2) Miss M. Batson, The Montreal General Hospital, Montreal; (3) Miss A. Peverley, 2090 Claremont Ave., Apt. 46, Montreal; (4) To be appointed.

Saskatchewan: (1) Miss Ann Morton, Weyburn; (2) Miss M. Ingham, Moose Jaw General Hospital, Moose Jaw; (3) Miss D. Hopkins, Box 568, Estevan; (4) Miss Helen Jolly, 1301-15th Ave., Regina.

CHAIRMEN, NATIONAL SECTIONS

NURSING EDUCATION: Miss M. Lindeburgh, School for Graduate Nurses, McGill University, Montreal. PUBLIC HEALTH: Miss A. E. Wells, Dept. of Health, 655 Portage Ave., Winnipeg. PRIVATE DUTY: Miss J. L. Church, 120 Strathcona Ave., Ottawa.

Executive Secretary: Miss Jean S. Wilson, National Office, 1411 Crescent St., Montreal, P.Q.

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COUNCILLORS: **Alberta:** Miss H. S. Peters, University Hospital, Edmonton. **British Columbia:** Miss A. Cavers, Vancouver General Hospital. **Manitoba.** Miss F. Roach, St. Boniface Hospital, St. Boniface. **New Brunswick:** Sister Corinne Kerr, Hôtel Dieu Hospital, Campbellton, **Nova Scotia:** Miss K. Jamer, Victoria General Hospital, Halifax. **Ontario:** Miss R. M. Beamish, General and Marine Hospital, Owen Sound. **Prince Edward Island:** Miss Anna Mair, P. E. I. Hospital, Charlottetown. **Quebec:** Miss M. Batson, The Montreal General Hospital, Montreal. **Saskatchewan:** Miss M. Ingham, Moose Jaw General Hospital, Moose Jaw.

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COUNCILLORS: **Alberta:** Mrs. M. Tobin, 385-4th St., Medicine Hat. **British Columbia:** Miss M. Teulon, 4237 Granville St., Vancouver. **Manitoba:** Miss T. Greville, 797 Broadway Ave., Winnipeg. **New Brunswick:** Miss K. Lawson, 84 Wright St., Saint John. **Nova Scotia:** Miss Anna Brenan, 53 Pine St., Dartmouth. **Ontario:** Miss Madalene Baker, 249 Victoria St., London. **Prince Edward Island:** Miss G. MacGuigan, Charlottetown **Quebec:** To be appointed. **Saskatchewan:** Miss Helen Jolly, 1301 15th Ave., Regina.

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COUNCILLORS: **Alberta:** Miss R. Chittick, Normal School, Calgary. **British Columbia:** Miss M. Kerr, Eburne. **Manitoba:** Miss A. McKee, 604 Medical Arts Bldg., Winnipeg. **New Brunswick:** Miss A. Burns, Health Centre, Saint John. **Nova Scotia:** Miss A. Slattery, Windsor, **Ontario:** Miss M. Hoy, 27 Giles Blvd., Windsor. **Prince Edward Island:** Miss Ina Gillan, 277 Kent St., Charlottetown. **Quebec:** Miss A. Peverley, 2090 Claremont Ave., Apt. 46, Montreal. **Saskatchewan:** Miss D. Hopkins, Box 568, Estevan.

Provincial Associations of Registered Nurses

ALBERTA

Alberta Association of Registered Nurses

President, Miss Kate S. Brighty, Administration Building, Edmonton; First Vice-President, Sister Mansfield, Holy Cross Hospital, Calgary; Second Vice-President, Miss Margaret S. Fraser, Royal Alexandra Hospital, Edmonton; Secretary-Treasurer-Registrar, Mrs. A. E. Vango, 11109-83 Ave., Edmonton; *Chairmen of Sections*: *Nursing Education*, Miss Helen S. Peters, University Hospital, Edmonton; *Public Health*, Miss R. Chittick, Normal School, Calgary; *Private Duty*, Mrs. M. Tobin, 385-4th St., Medicine Hat.

BRITISH COLUMBIA

Registered Nurses Association of British Columbia

President, Miss G. M. Fairley, Vancouver General Hospital; Vice-President, Miss M. Duffield; Secretary, Miss F. Walker, 520 Vancouver Block, Vancouver; Registrar, Miss Helen Randel 520 Vancouver Block, Vancouver; *Councillors*: Miss E. Clarke, New Westminster; Miss L. Mitchell, Victoria; Miss Helen Randal, Miss K. I. Sanderson, Vancouver; Sister Mary Beatrice, Victoria; *Conveners of Sections; Nursing Education*, Miss A. Cavers, Vancouver General Hospital; *Public Health*, Miss M. E. Kerr, Eburne; *Private Duty*, Miss M. Teulon, Vancouver.

MANITOBA

Manitoba Association of Registered Nurses

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New Brunswick Association of Registered Nurses

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Registered Nurses Association of Nova Scotia

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Chairman, Miss H. E. Smith; Vice-Chairman, Miss J. Smith; Sec., Miss R. Densmore, 199 Kohler St., Sault Ste. Marie; Treas., Miss R. Buchanan; *Councillors:* Misses M. Clutchery, E. Bunn, J. Laing, E. Gordon, J. Thomas, B. Waldron; *Conveners of Sections: Private Duty,* Miss M. Delaney; *Nursing Education,* Rev. Sister St. Phllip; *Public Health,* Miss E. Franks.

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PRINCE EDWARD ISLAND

Prince Edward Island Registered Nurses Association

President, Rev. Sister Stanislaus, Charlottetown Hospital; Vice-Pres., Miss Florence Lavers, Summerside; Treasurer and Registrar: Rev. Sister Mary Magdalen, Charlottetown Hospital, Charlottetown; *Recording Secretary,* Miss Hattie MacLaine, P. E. I. Hospital; *Conveners of Sections: Nursing Education,* Miss Anna Mair, P.E.I. Hospital; *Private Duty,* Miss G. MacGuigan, Charlottetown Hospital; *Public Health,* Miss Ina Gillan, Charlottetown.

QUEBEC

Association of Registered Nurses of the Province of Quebec (Incorporated, 1920)

Advisory Board: Misses Mabel F. Hersey, Jean S. Wilson, Marion Lindeburgh, Rév. Soeur Godefroy d'Amiens, Rév. Soeur M. Gauthier, Mlle Marguerite Taschereau, President, Miss Margaret L. Moag; Vice-President (English), Miss Eileen C. Flanagan; Vice-President (French), Rév. Soeur Valérie de la Sagesse; Honorary Secretary, Mlle Suzanne Giroux; Honorary Treasurer, Miss C. M. Ferguson; *Members without Office:* Misses Mabel K. Holt, Marion E. Nash, Mlles Marie Roy, Juliette Trudel, Alice Albert; *Conveners of Sections: Private Duty* (English), to be appointed; *Private Duty* (French), Mlle Lucienne Daoust, 261-5eme avenue, Verdun; *Nursing Education* (English), Miss Martha Batson, The Montreal General Hospital; *Nursing Education* (French), Rév. Soeur Marleau, Hôpital Notre-Dame, Montréal; *Public Health* (bi-lingual), Miss Ann Peverley, Department of Health, City of Westmount; *Board of Examiners:* Miss Olga V. Lilly (convener), Royal Victoria Montreal Maternity Hospital, Misses Flora Aileen George, K. L. Annesley, Katherine MacLennan, Mesdemoiselles M. Anysie Déland, Alexina Marchessault, A. Rita Guimont; Executive Secretary, Registrar and Official School Visitor, Miss E. Frances Upton, Room 1019, Medical Arts Buildings, 1538 Sherbrooke St. W., Montreal.

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Saskatchewan Registered Nurses Association (Incorporated, 1917)

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Regina Registered Nurses Association

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Associations of Graduate Nurses

Overseas Nursing Sisters Association of Canada

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ALBERTA

Calgary Association of Graduate Nurses

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Medicine Hat Graduate Nurses Association

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BRITISH COLUMBIA

Nelson Registered Nurses Association

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New Westminster Graduate Nurses Association

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Vancouver Graduate Nurses Association

President, Miss Mabel Gray, 3677-12th West; First Vice-President, Miss Olive Cotsworth, Vancouver General Hospital; Second Vice-President, Mrs. Beattie, Ioco; Secretary, Miss D. McDermott, 2525 York; Treasurer-registrar, Miss L. G. Archibald, 536-12th West; *Councillors*: Misses M. Motherwell, A. Reid, S. Gardiner, C. Cooper, K. Lee; *Committee Conveners*: *Programme*, Mrs. L. Dugdale; *Social*,, Miss H. Bartch; *Visiting*, Miss M. Wismer; *Directory*, Miss C. McKay; *Membership*, Miss J. Jamieson; *Representative*: to *The Canadian Nurse*, Miss A. Reid; to *Press*, Miss D. Stewart.

Victoria Graduate Nurses Association

Hon. Presidents, Miss L. Mitchell, Sister Superior Mary Alfreda; President, Mrs. H. G. Bothwell; First Vice-President, Miss E. Rossiter; Second Vice-President, Sister Mary Beatrice; Corr. Secretary, Miss E. D. Hickman, 1540 Jubilee Ave.; Treasurer, Miss C. Hellier; Registrar, Miss E. Franks, 1015 Mirfield Road; *Executive Committee*: Misses D. Frampton, M. Sangster, T. Locke, R. Kirkendale, A. Creasor.

MANITOBA

Brandon Graduate Nurses Association

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ONTARIO

Smiths Falls Graduate Nurses Association

Hon. Presidents, Miss Bliss, Miss Clarke; First Vice-Pres., Miss M. Foster; Second Vice-Pres., Mrs. Bell; Sec., Miss D. Gilmour; Treas., Miss H. Durant; *Committee Conveners*: *Social and Flower*, Miss M. McBride, Miss D. Cavell, Miss M. Willoughby, Miss I. McLeod, Mrs. James; *Press*, Miss M. Fraser; *Representative* to *Local Council of Women*, Miss Condie, Mrs. Bell.

QUEBEC

Montreal Graduate Nurses Association

Hon. President, Miss L. C. Phillips; President, Miss E. G. Leys, 3545 Park Avenue; First Vice-President, Miss A. Jamieson; Second Vice-President, Miss M. S. Bright; Secretary-Treasurer, Miss M. K. M. Drummond, 1230 Bishop Street; Directress of Nursing Service Bureau, Miss F. A. George; Chairman, Nursing Service Bureau, Miss E. F. Upton; Registrars, Misses E. Clark, E. Gruer, E. Young; *Convenor*, Griffintown Club, Miss G. Colley. Regular Meeting held on second Tuesday of January, first Tuesday of April, October and December.

Alumnae Associations

ALBERTA

A.A., Calgary General Hospital

Honorary President, Miss S. McDonald; Honorary Vice-President, Miss J. Connal; President, Mrs. R. Straker; First Vice-President, Mrs. C. A. Choate; Second Vice-President, Miss L. Bibby; Recording Secretary, Mrs. M. Caffery; Corresponding Secretary, Miss P. Morrish, 21 Argyle Court; Treasurer, Mrs. F. Hammill; *Press Representative,* Miss Dorothy Thomas.

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BRITISH COLUMBIA

A.A., Vancouver General Hospital, Vancouver

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A.A., Royal Jubilee Hospital, Victoria

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MANITOBA

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NEW BRUNSWICK

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NOVA SCOTIA

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ONTARIO

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Married: Recently, Miss Grace Elva Eddy (R.V.H., 1937) to Dr. Stanley Bagnall.

Married: Recently, Miss Elsie Knight (R.V.H., 1934) to Dr. Clayton George.

Married: Recently, Miss Joan Durling (R.V.H., 1938) to Mr. Reid Downey.

QUEBEC:

Miss E. McHarg (J. H. H., 1925) has resigned from the staff to be married. A tea cup shower was given by the staff of Jeffrey Hale's Hospital, the Alumnae Association presented Miss McHarg with a tea wagon, and the doctors with a coffee table.

Miss N. Martin, having attended the refresher course recently given under the auspices of the School of Nursing, McGill University, gave an interesting account of the proceedings.

Married: Recently, Miss E. H. McHarg (J. H. H., 1925) to Rev. J. R. Burt, B.A., B.D.

Married: Recently, Miss Francis Smith (J. H. H., 1935) to Mr. A. Pugh.

SASKATCHEWAN

MOOSE JAW:

The Moose Jaw Registered Nurses Association has elected the following officers for the ensuing year: Honorary president, Miss M. C. Ingham; president, Mrs. J. Droppo; first vice-president, Miss G. Brown; second vice-president, Miss U. McNabb; secretary-treasurer and registrar, Miss M. Cheney. The committee conveners are as follows: programme, Miss M. Moore; social, Miss M. Beattie; visiting, Miss K. Hildebrandt; press, Miss R. Langdon. The following are the representatives to sections: nursing education, Miss I. King; public health, Miss Armstrong; private duty, Miss U. Coventry and Miss E. Lamond. Miss A. Williams was appointed representative to *The Canadian Nurse*.

REGINA:

The Regina General Hospital Alumnae Association held a very successful Maytime Tea in aid of the Florence Nightingale Fund. The general proficiency for the Graduating Class of 1938 was awarded to Miss Janet Johnstone.

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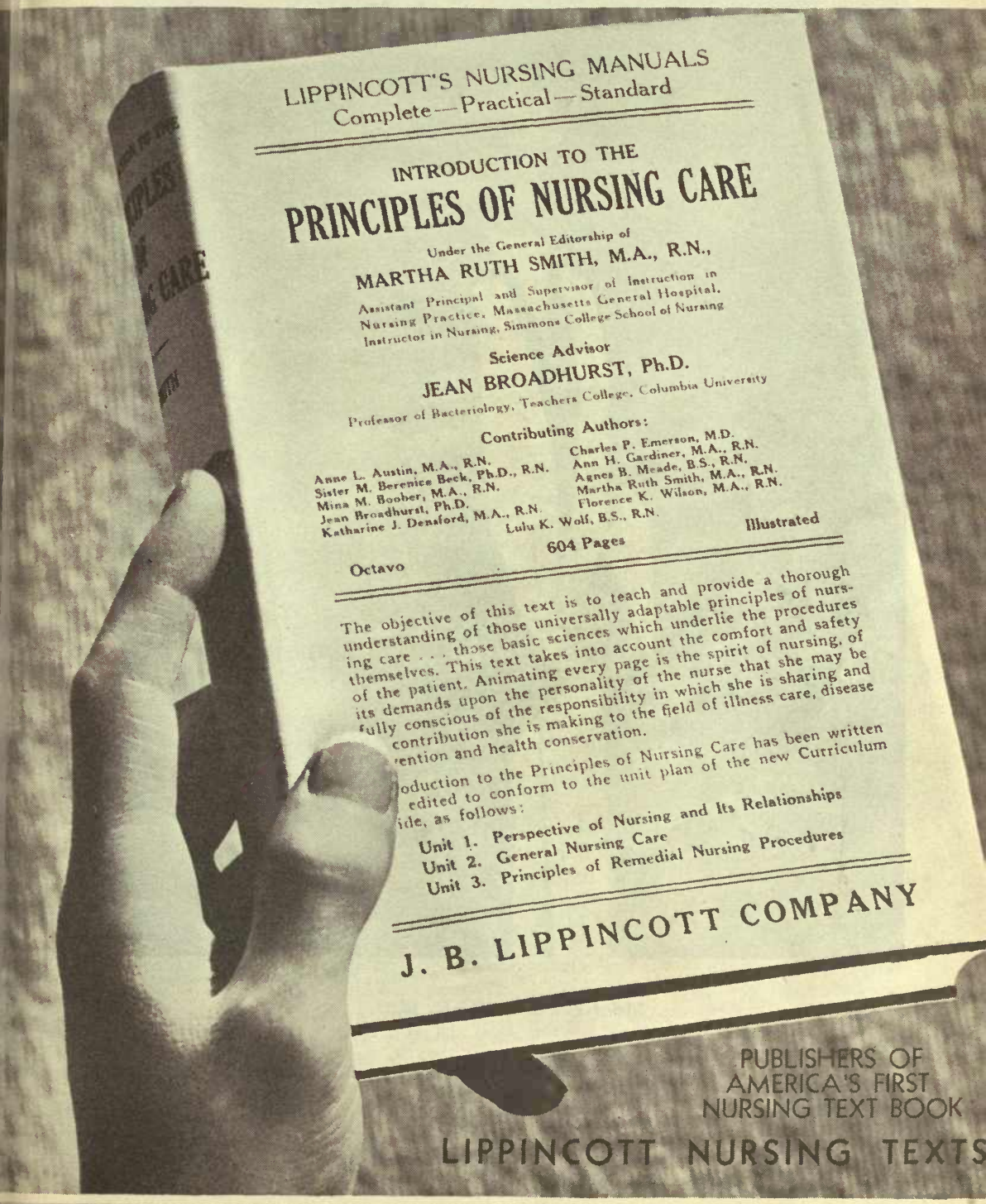
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Professor of Bacteriology, Teachers College, Columbia University
Contributing Authors:
Anne L. Austin, M.A., R.N.
Sister M. Berenice Beck, Ph.D., R.N.
Mina M. Boober, M.A., R.N.
Jean Broadhurst, Ph.D.
Katharine J. Densford, M.A., R.N.
Charles P. Emerson, M.D.
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JULY, 1938

"A Higher Learning"

In the gay sunshine of a May morning, the Convocation of the McGill University was held in the open air, under the great elm trees. As the long academic procession moved along the winding pathways, the band of His Majesty's Canadian Grenadier Guards, gorgeous in scarlet tunics, struck up a lively air. By a happy coincidence, the students of the McGill University School of Nursing led the way, followed by the five hundred graduates of the Schools in this great University. Next in order were the members of the faculty, Marion Lindeburgh among them. Then came those appointed to receive the highest honour within the gift of the University, the Degree of Doctor of Laws, *honoris causa,* the flaming crimson of their academic robes making a striking contrast with the fresh green foliage. In this distinguished company were the Minister of Justice for the Dominion of Canada, the head of a great American University, a fearless leader of Jewish thought, our beloved Dr. Wallace, principal of Queen's University and one woman—a nurse—Mabel Frances Hersey.

In presenting Miss Hersey to the Chancellor of the University, Dr. W. W. Chipman, said:

I have the honour to present to you, for the Degree of Doctor of Laws, *honoris causa,* Mabel Frances Hersey, O. B. E. (of the Most Excellent Order of the British Empire).

The health of mind and body is a fundamental need; its attainment a chief aim in any education. In our struggle to survive, this health knowledge is indeed a higher learning, and in that curriculum the Science and the Art of Nursing must always find a place. To this nursing education, Miss Hersey has devoted the years of her working life. She has done much to improve and to extend the service of this great profession. Hers has been a large and signal contribution, already recognized, not only in her own country, but also far beyond our gates. To-day, in honouring Miss Hersey and her profession, our University, in very deed, confers an honour upon itself!

Every Canadian nurse will read these

words with mingled humility and pride. We owe a deep debt of gratitude to the distinguished physician who spoke them with such evident sincerity and understanding. To Miss Hersey herself their very simplicity must have been profoundly satisfying—the end which crowned the work of her long career.

Even though she is an international figure, Miss Hersey belongs in a special sense, to her own Hospital and her own School. The president of the Alumnae Association, Miss Grace Martin, who for ten years has rendered outstanding service as Miss Hersey's assistant, has at the editor's request prepared for the *Journal* this tribute from her own nurses:

During a term of office extending over thirty years, Miss Hersey has watched our Hospital develop into the great institution which it is to-day, and in that time and under her leadership, the School of Nursing has kept pace.

Her quiet dignity and delightful sense of humour has endeared her to us all. A strict disciplinarian, who commanded the full respect and loyalty of her associates, she will nevertheless be remembered more as a guide, a counsellor and friend. Her broad outlook and rare understanding made it possible for the most junior nurses to approach her with their problems in the full knowledge that they would receive a fair and sympathetic hearing. Her substantial aid and wise guidance have helped many ambitious students to reach their goal, and her graduates have carried the colours of the Royal Victoria Hospital to the far corners of the Empire, bringing credit and honour to their School. Though it is difficult to envisage the Hospital without her, she has set a standard which time cannot dim and towards which we shall constantly strive. She will be missed by her staff and her student nurses, all of whom regard her with a deep and lasting affection. We gratefully acknowledge all that we owe to her and we hope that she may long enjoy the leisure she has earned so faithfully and so well.

The frontispiece in this issue of the *Journal* is a fine portrait of Miss Hersey, wearing her academic robes. In the less formal picture, which appears below, and was taken by one of her own graduates, Miss Katherine MacLennan, Miss Hersey is seen at the actual moment of investiture. Here indeed is history in the making and the *Journal* is proud of the privilege of being permitted to record it.

The Epidemiology of Tuberculosis

R. P. Dow, B.A., M.D., D.P.H.

Bacteriologist, Alexandra Hospital, Montreal

The injunction to see life steadily and see it whole is particularly difficult in trying to get a true comprehensive picture of the problem of tuberculosis. We are the victims of our own limited perceptions. Our own personal experience being but a fraction of the whole, we tend to wander far astray in trying to reconstruct the whole from our fragment. It is like trying to reconstruct the skeleton and external bodily appearance of a pre-historic animal from the finding of the malleus from the right middle ear! Here even more than in other things, one would want the god-like attribute of a good space-time sense. What has been the natural trend of the disease over a period of many years? Have any of our anti-tuberculosis efforts influenced or modified this trend in any way? Does tuberculosis constitute a greater or less problem today than twenty years ago? If we are not further ahead, is it because our measures are ineffective *per se*, or because our measures are applied on so small a scale that the mass of the problem is left untouched?

These questions could best be answered by a person capable of fourth dimensional thinking of a high order. Failing such supermen, however, we must needs fall back on the statistical method. And again we groan at human inadequacy. To be of any value, reporting of the disease must be complete. This hinges upon two things:

1. A central agency or authority charged by the State with the duty of collecting and distributing all information regarding tuberculosis in its territory—new cases annually; total number of active known cases; death; number of contacts; incidence of tuberculosis according to occupation, age and sex; sanatorium beds available for treatment; re-habilitation; number of re-activated cases following discharge from sanatorium; etc.

2. Criteria for the early diagnosis of cases.

It may therefore be said that any attempt at seeing the problem of tuberculosis as it exists in the Province of Quebec, steadily and seeing it whole, is impossible at the present time, and that any attempt at seeing the problem of tuberculosis steadily and seeing it whole anywhere is made very difficult because of inadequate methods of early diagnosis.

The fly leaf of Osler's famous textbook on Medicine bears this quotation from Hippocrates: "Experience is fallacious and judgment difficult." Add to that another equally familiar quotation: "Knowledge comes but wisdom lingers", and we are ready to make what analysis we non-fourth dimensional humans can attempt.

In 1881, Robert Koch, writing an article on the "Investigation of Pathogenic Organisms", began as follows: "Up to the present time hygiene has been able to gain but little advantage from the recent strides in our knowledge of the pathogenic organisms." He declares that this lack of progress is: "due to the fact that the greater number of questions relating to pathogenic organisms which have to be considered from the point of view of practical hygiene can only be solved by means of trustworthy methods of separating different kinds of organisms from one another; for as far as hygiene is concerned,

we have not merely to discover whether this or that soil or drinking water contains *bacteria in general* but whether among the micro-organisms present there are any which can produce disease." In 1884, Robert Koch himself performed the necessary step of isolating from tuberculous lesions the causative organism. His opening remarks are of extreme interest to us in 1938 when we have lost our time-perspective view of tuberculosis. He says "the attempt has again and again been made to prove on the evidence of collected clinical observations that phthisis is contagious, but the theory thus supported has met with *no acceptance in the scientific world!*" It is clear then that we humans can accept only a casual chain of events which can be demonstrated within a space-time unit within our personal perceptual capacity. Koch demonstrated clearly once for all that the tubercle bacillus is the cause of tuberculosis because this bacillus can invariably be isolated by suitable methods from tuberculous material; it can be grown outside the body in artificial media for several generations and the growth from the last transplant will produce typical tuberculosis in suitable animals. It would then seem that the power of controlling the disease lay in our hands, from that moment in 1884. *All one would have to do would be: find the cases, isolate them and destroy all their discharges.* So easily said, so impossible, apparently, in execution! But we know that we do not find all the cases and that we do not even isolate all the cases we find, for we have not beds enough. Nor do we destroy all their discharges—not by a long way!

Reading further in this one hundred and thirty-four page article by Koch on the discovery of the tubercle bacillus, we find the following: "Numerous experiments have shown that the inhalation of scattered particles of phthisical sputum causes tuberculosis, with absolute certainty, not only in animals easily susceptible to the disease but in those also which have much more power of resisting it. The tubercle bacillus will survive for long periods of time in dried sputum. So that particles of infected sputum accidentally falling on bed linen, the outside of cups, etc., dry and being pulverised, present as dust particles charged with living bacilli in the air to be inhaled by anyone who happens to be present." Towards the end of his momentous paper, Koch says " . . . there does not appear any great prospect that we shall succeed in finding a therapeutic means of dealing with the parasites in the body . . . It seems to me that the time has now come to adopt *prophylactic* measures against tuberculosis." That was in 1884.

Surveying our fragmentary statistical information, what picture do we form—remembering always to be modestly critical of our deductions? We find that tuberculosis is intimately bound up with the structure of our society. More poor people die of tuberculosis than do rich people. (In Vienna, in 1913, the death rate among the poor was five times the death rate of wealthy people. (League of Nations Report.) In Germany, in 1913, the death rate was 157 per 100,000; in 1918, after the War, it was 287 per 100,000. Here in Montreal, there is evidence that the effects of the depression are beginning to show in a rising mortality from tuberculosis. In other words such factors as fatigue, over-work, malnutrition, over-crowding, are determinants in converting latent infection into serious clinical disease. Furthermore if one plots the death rates by age and sex, one finds that the bulk of the deaths from tuberculosis occur between the ages of fifteen and forty-nine years and that the curve of deaths amongst younger women is higher than

that for males between the ages of fifteen and twenty-five years. Tuberculosis stands first among the causes of deaths between the ages of fifteen and forty-nine—the period of life when people should be at their prime. At the age of twenty years, tuberculosis is the cause of more than half the total deaths among young women. It is *the* major health problem among people in the prime of life, and especially among young women in the second or third decades.

Comparing deaths from tuberculosis with those from other contagious diseases, we find the following in the League of Nations Report: In Germany, at the beginning of the twentieth century, typhoid fever caused 11 deaths; measles, 23; scarlet fever, 24; diphtheria, 28; tuberculosis 223 per 100,000 inhabitants. That is to say, that typhoid, measles, scarlet fever and diphtheria together caused 86 deaths, while tuberculosis caused 223. Tuberculosis, therefore, caused two and a half times as many deaths as those other four contagious diseases put together. Thirty years later, deaths from the four other contagious diseases had fallen to one quarter; deaths from tuberculosis had fallen to one half. Thus thirty years later, tuberculosis now caused five times as many deaths as the other four contagious diseases put together. That is, comparatively speaking, tuberculosis is becoming a greater contagious disease problem. Not only that, but 5 to 15% of the cases of the other diseases are fatal, while 60% of open cases of tuberculosis die within three years. In a personal communication, I am told that 90% of the open cases of tuberculosis treated in the Province of Quebec die within five years. This figure seems rather high even where reporting is as defective as it is in this Province.

Summarising then, we find that tuberculosis constitutes *the* major contagious disease problem, especially among young women in the second and third decades; that factors which determine the conversion of latent infection into manifest clinical disease are fatigue, overwork, malnutrition and over-crowding; that prophylaxis should be our main aim since therapeutically we are impotent except to attempt to repair the damage done, by prolonged rest and good food—a tedious expensive business. The means at our disposal are, on the one hand, the prevention of fatigue, overwork, malnutrition and over-crowding and, on the other, the persistent and sedulous search for cases. All open cases must be isolated, and as far as humanly possible, all their discharges must be destroyed—the latter implying a suitable medical aseptic technique in the nursing of these cases.

Bearing this summary in mind, let us examine the special cases of the incidence of tuberculosis among nurses-in-training—a special group of young women, at the age in which tuberculosis constitutes its greatest menace, this special group being exposed to the added risks of increased contact with known and missed cases, often with the added danger of fatigue and over-work. The evidence of Ross and others tends to show that the incidence of tuberculosis among nurses is greater than among women of the same age in other occupations and such increased incidence would be expected on purely theoretical grounds. It should be remembered, however, that obviously, reporting can not be as complete aming women engaged in other occupations. Nurses constitute a group easily available for frequent observation and examination while other groups are not so available.

Be that as it may, the incidence of tuberculosis among nurses-in-training is at least 6%, an incidence which should

cause grave concern to all training schools. Not only so, but the nurses training school presents an admirable unit for the testing of the efficacy of real prophylactic measures. If we are ever to find out whether our efforts at prevention are effective, the most satisfactory group for study is the nurse-in-training group where the incidence is highest and where the group is easily available for careful study. Thus, not only for the sake of the nurses themselves but for the sake of evaluating methods of prophylaxis, the nurses-in-training deserve special consideration.

First is is absolutely essential that accurate records of morbidity be kept. The measures for prophylaxis may then be conveniently discussed as follows:

Those regarding the nurse are:

1. She should be taught before she goes to the Ward the etiology of tuberculosis and the methods of spread. She should be aware that cough and expectoration should be regarded as potentially dangerous and that all discharges from the respiratory tract should therefore be destroyed.

2. She should not be over-worked or fatigued and should have enough leisure to allow for pleasant exercise in the open air.

3. She should be examined on admission to the school of nursing, X-rayed and tuberculin tested. It has been shown that in many places the majority of nurses, on admission to the school, are tuberculin negative. The tuberculin test then becomes of extreme importance and should be repeated every three months in tuberculin negative people. The tuberculin test becomes positive *before* a shadow appears by X-ray. By the time an X-ray shadow appears the patient has a well established clinical disease: hence X-ray examinations are useless in individual prophylactic control; they are useful in helping to prevent spread by finding actual cases which may then be isolated. Physical examinations and X-ray should be repeated every six months.

Those regarding the patient are:

1. All known cases of tuberculosis in general hospitals should be isolated and complete medical aseptic technique, such as is carried out in contagious disease hospitals should be employed in nursing them. It seems extraordinary that one should have to say this in 1938 when tuberculosis is obviously the major contagious disease. True, not all tuberculous infection becomes tuberculosis disease, but all tuberculous disease begins as tuberculous infection; furthermore, the incidence of tuberculosis among contacts of tuberculous patients greatly exceeds the incidence among the population at large. It should scarcely be necessary to plead the case for medical aseptic technique, such as is used in contagious disease hospitals. Nor should it be necessary to insist that all the discharge from known cases should be destroyed. Actually it is absolutely necessary to do so: these things are not being done in our general hospitals.

Search for the tubercle bacillus should be made in the sputum of all patients with chronic cough and expectoration and such discharges should be destroyed. The advisability of instituting a modified medical aseptic technique in nursing such patients should be considered.

Finally, if we are to attempt to find the cases, isolate them and destroy their discharges, we must have enough beds for all the cases we discover, and no case with a positive sputum should be allowed to leave isolation, just as no case of scarlet fever with a discharging ear is allowed to leave hospital. All this must be done on an adequate scale—not half-heartedly—or what effort we do exert is wasted.

Preventing Tuberculosis Among Nurses

GRACE A. THOMAS

Head Nurse, Chest Clinic, Toronto Western Hospital

The prevention of tuberculosis among nurses is a timely subject. In this article, the writer proposes to discuss the plan followed in the Toronto Western Hospital in order to obtain this objective. To begin with, who should receive more consideration in the prevention of tuberculosis than the nurse? Yet we find the majority of student nurses in hospitals working nine hours a day, and giving nursing care to every type of patient, including tuberculosis — diagnosed or otherwise. Nurses may become fatigued but they continue their work. Here we have an excellent medium for the growth of the tubercle bacillus.

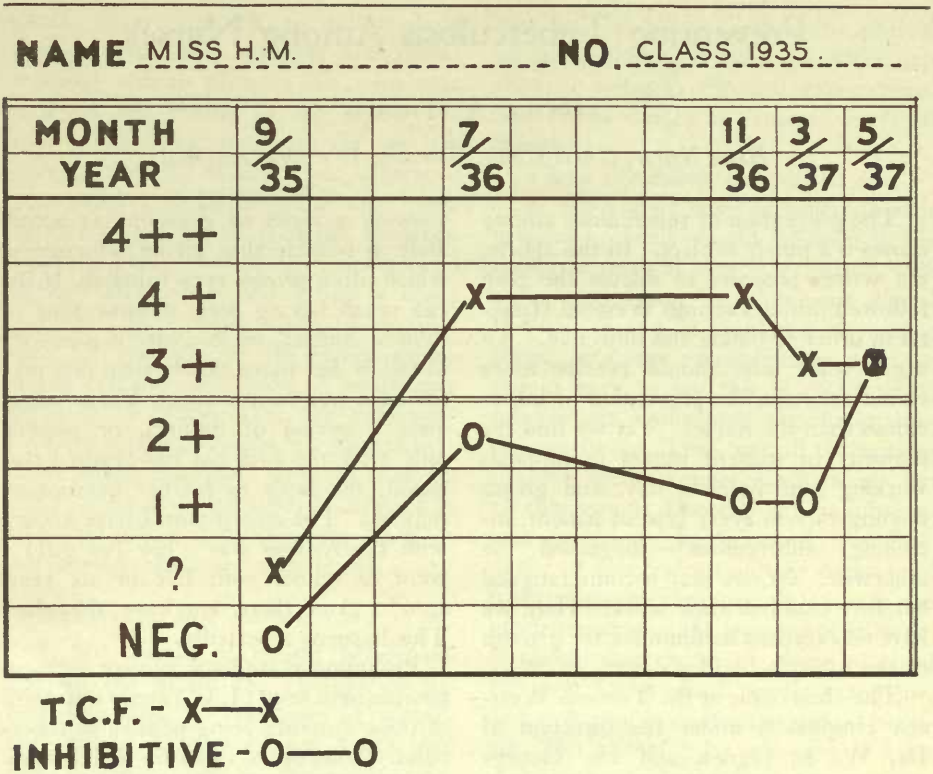
The chest clinic at the Toronto Western Hospital is under the direction of Dr. W. E. Ogden and Dr. George Anglin, who, in addition to their regular clinical work, have given their personal attention to the health of the nursing staff since 1932. The writer, a graduate nurse, is on full-time duty and is responsible for making appointments for the initial examination of all graduates and students; recording and interpreting the serological reports; arranging for periodic check-up and examination; arranging for appointments for X-ray examinations.

The sequence of our plan of procedure is as follows: (1) the doctor's interview with the nurse; (2) skin test; (3) serological test; (4) X-ray. The result of these successive measures is that within two or three months after she enters the school, a special printed form is filed for each student, on which will be recorded all data pertaining to her initial and subsequent examinations by this department.

At the first interview, the nurse answers a series of questions as accurately as possible thus giving information which often proves very valuable. If she can recall having been at some time or other a contact, we consider it necessary to follow her more closely than one who has been free from contact. Yet so often, after a period of months, or possibly only after the first test has aroused suspicion, the reply to further questioning may be: "The only person I have known with tuberculosis was a boy (or girl) I went to school with five or six years ago." And there we have the clue! This happens repeatedly.

Preliminary students receive intracutaneous skin tests (I. C.), only one-third of those entering being positive to tuberculin. Sometimes, doses up to 10 mgm. are given if previous tests have been negative. From observation we find that most nurses have positive tuberculin tests after a three-years' course in nursing, which means that they have become infected during their term in the school. In a recent examination of eighty-seven graduate nurses in this hospital, only one was found to be negative.

At the time of the skin test, one of serology is done also. This is somewhat similar to the Wasserman. It is believed that these positive serological reactions anticipate the onset of disease by months or even years, and that these are the only tests that do so. In four or five days when the report is returned, it is marked on a graph similar to that illustrated. If the serological test is abnormal, the nurse's name is recorded for "early serology" which will be repeated in three or four months. In the meantime, extra hours off duty are arranged and chest



X-rays are repeated as indicated. At the same time, the doctors impress upon the nurse the necessity of rest, and point out to her that this time which now appears to her to be wasted, will not seem so later in life.

It is our aim to have a serology report every six months, but this is difficult owing to lack of facilities and the increased number of nurses. Therefore if a student's tests prove satisfactory, we occasionally find it necessary to leave her a longer interval while devoting more time to suspicious cases. However, instances have arisen when, some months later, this "deferred" case, giving no indication of ill health, has a serology test done and the report is returned showing marked changes. A stereo of the chest then shows either a small lesion or the suspicion of one. Here our one consolation is that little, if any, permanent damage has been done. The student is taken off duty immediately and put to bed for six months or a year, at the end of which time she is able to return, complete her course and remain perfectly well. To demonstrate the need for constant vigilance, the following case history may be quoted:

On entering the school in September, 1935, Miss M. showed a positive reaction to 10 mgs. of tuberculin which we believe showed that at some time or other she had been infected. Her serological test at that time was considered normal, indicating no threat of oncoming disease.

Ten months later, July, 1936, a serological test revealed that Miss M. was fighting tuberculous infection.

In the accompanying graph, the symbols '4 ++' signify a very strongly positive reaction, (this terminology is the same as is used universally in the Wasserman test). The symbol "T. C. F." signifies one of the two blood serum tests (serological) which are done, namely the tuberculo-complement-fixation. The term "inhibitive" means the other of the two blood serum tests used, a test which is comparable to, but with definite variations from, the fixation. The graph demonstrates, therefore, that a strongly positive "fixation" was recorded in July 1936, and also a near positive "inhibitive". These warned us of the liability of oncoming disease, and the nurse was advised to spare her energies in her off hours. We should have arranged for a month's leave of absence. When the "inhibitive" also became positive in May 1937, we were alarmed, the month's leave was requested, and X-ray films ordered to make sure disease had not already developed. A definite lesion was present, we were too late for prevention, and the nurse was sent to sanatorium.

As every nurse on admission to the school must have a chest X-ray, we determine, by a serology test, which type of X-ray is necessary, that is, if the result is not abnormal, a flat plate is ordered, but if suspicious, a stereo is requested. Likewise, X-rays are ordered periodically as indicated. This same procedure is carried on with regard to our permanent graduate and dietetic staff.

There is no doubt that the nurse is much more likely to develop tuberculosis than the average girl in the same age group. Only by the most careful supervision can we hope to reduce the incidence of this disease among nurses to a minimum. At the Toronto Western Hospital, we feel that the plan we have adopted, particularly the serological test, has protected many because of the earlier revelation of information which is valuable in diagnosis. From 1933 to 1937 there were no cases of tuberculosis in this School. We express our great indebtedness to Dr. Odgen and to Dr. Anglin for their untiring work among the nurses. As its reward, we may see in the near future, prevention not only for the majority, but for all.

Details of the use and interpretation of these tests are given in a paper, prepared by a group of Toronto Western Hospital clinicians, under the title of "The abolition of clinical tuberculosis by anticipation and control". This paper will be published by *The Canadian Medical Association Journal.*

VICTORIAN ORDER OF NURSES

Miss I. Black has been transferred from the Winnipeg branch to the Victoria branch; Miss J. Carr has been transferred from the Toronto office staff to take charge of the newly opened Peninsula branch at Thorold-Merritton, Ontario.

Miss K. F. Docker has been admitted to Napanee as nurse-in-charge of the branch.

Miss L. Lawder has resigned from the Napanee branch; Miss D. Hargreaves has resigned from the Victoria branch; Miss M. Gaudet has resigned from the Halifax branch; Miss E. Needleman has resigned from the Montreal branch.

War in Weihwei

JEANNETTE RADCLIFFE

Formerly Superintendent of the Weihwei Hospital, Presbyterian and United Churches of Canada.

Scripture has a graphic word to describe a condition of affairs which fails to fulfil expectations: *to bring to the birth, and not to bring forth.* This phrase describes much of our experience in a year which opened with fair promise. Co-operation had developed with the Ministries of Health and of Education of the Central and Provincial Governments. We had opened a health centre, the inauguration attended by representatives of Weihwei's official, educational, business and social life. Two Chinese graduates of our nursing school, specially prepared by the government's postgraduate courses in public health and midwifery, were resident at the centre. A resident Chinese nurse had been placed in the cotton factory, the largest industrial institution in the district. This nurse was a charming girl—her beautiful gowns and fashionably waved hair stirred mixed emotions in the hearts of the Honan nurses, though they were too busy to cherish them very long. The hospital wards and hostels were filled to capacity as was the newly-opened children's ward. The medical work was cared for by our two Canadian doctors, two Chinese graduates from excellent medical schools, and two internes from a Governmental medical school. The nursing demands were met by a staff of two Canadians, with one of the married nurses giving part-time help, and a Chinese staff of thirty-five graduates and pupils. A resident nurse had been placed in a rural Normal School, and in a village six miles away another nurse made weekly visits, the medical staff giving supervision.

The principal of the nursing school was busy getting the school ready to meet the requirements of registration with the Ministry of Education of the Central Government. The Governing Board of the school had been chosen, the Chinese principal named, the additional staff required for educational purposes engaged for the autumn. All this meant far more than raising standards of education for our nurses, it meant that nursing had won a battle for recognition throughout China, that schools had been standardized, and that the allegiance of educated and high-minded Chinese womanhood had been enlisted.

Throughout the country the harvests gave promise of unusual plenty and we rejoiced and were glad. But early in July, shots were exchanged between Japanese and Chinese soldiers at Lukouchiao. While conversations were still going on between the contending parties, the rain, which had been abundant during the hot month continued to fall on the beautiful fields of millet and corn. By the middle of August the swollen rivers were spreading over the fields. Earthquake shocks weakened the sodden mud houses and shops. Many of the houses in our district collapsed and the fields were lakes with islands of dead cornstalks rising on the higher ground. Transportation was entirely by boat.

In the Health Centre, where a few weeks earlier the proud mothers of a thousand babies had contended for prizes at the well baby show there was nothing now but deserted piles of mud and bricks. The national anxiety continued to grow and our own hospital was not

exempt. By the middle of October, Japanese armies were advancing down the Peiping-Hankow line and Changte had been heavily bombed. Refugees were pouring down from the north, many of them stopping at Weihwei and some coming to the hospital compound. Retreating troops marched in long array past our hospital and residences. Planes carrying bombs droned and roared overhead, and victims were carried into the operating theatre, most of them to die of wounds a little later.

The infection of fear soon spread, and on one never-to-be-forgotten day twenty of our staff left. Within two weeks our staff was reduced to one Canadian doctor, two Canadian nurses and seven Chinese graduates and pupils. Do not blame them—they wished to remain under the Chinese flag, and there seemed small hope of doing so in Honan. Our public health nurse went to Nanking, one of the greatest danger spots, to do supervisory work in a military hospital, accompanied by a second graduate and three senior nurses. Four others joined Red Cross hospital staffs. The younger student nurses entered schools of nursing further south, for each carried a letter showing her standing in our school and a recommendation. Great sympathy and helpfulness was shown by sister schools in this way. Of our graduates, two were chosen to go with an operating unit headed by a famous surgeon to a Red Cross hospital which cared for some thousands of wounded. The Chinese doctors were all absorbed into Red Cross or military hospitals. In our wards, beside the wounded, were maternity cases, medical patients, and even cholera, for the epidemic was just beginning to show its head. Fortunately cold weather was on the way and its duration was short.

Then we had our experience of bombing, first the drone of the engines increasing to a roar, then the detonation as the bomb struck the ground. We prepared for the wounded who soon followed. Bombing planes came one day just as we were meeting to plan for the hospital Christmas. One flew low over the main building, weaving back and forth over its whole length, perhaps observing the Red Cross and Union Jack painted on the roof. Christmas mail came in under circumstances which might well paralyze any postal system, but the Chinese mail service is functioning and will continue to function.

As the year reached its close we felt the tide was beginning to turn, at least in our hospital work. Weihwei had been singularly free from danger as compared to the larger centres. The staff began to come back and in January we had a graduation ceremony for three seniors, one receiving her diploma *in absentia.* she was away with a Red Cross unit. A few days later another of the three asked to go home to comfort her aged mother whose sons had been conscripted for the army. Two days later we heard she had been married to an officer, rich, young and handsome. He had seen her when visiting a wounded comrade on our wards. She is a beautiful girl and a good nurse and we hope she will do war work in a fine new way.

We have taken in a new class of ten probationers, not that we wanted to have more young women to care for just now, but because these graduates of Middle and Normal schools are refugees, and are homeless like so many thousands more. The disruption of schools, and the tearing asunder of homes and scattering of families is one of the saddest things in the whole situation.

And thus a year beginning with such expansion of opportunities, with such planning for better work was all swept away—gone with the wind. But we still treasure the unique privilege of standing with our people in their deep

sorrow, of experiencing the loyalty and friendship of the Chinese colleagues who have stayed by us right through, of helping to maintain a place of refuge for the sick and wounded. In spite of all, 1938 opens with hope and promise, even though signs are not wanting that we may soon enter a new stage of experience. Was not the word of Scripture a word of promise—"Shall I bring to the birth and not cause to bring forth? saith the Lord." We believe nothing of our hopes and plans will eventually be lost.

AN IMPORTANT APPOINTMENT

Announcement has been made of the appointment of Miss Fanny Munroe as superintendent of nurses and head of the School of Nursing of the Royal Victoria Hospital, Montreal. For the past fourteen years, she has held, with conspicuous success, the position of superintendent of nurses at the Royal Alexandra Hospital, Edmonton.

Fanny Munroe
Photo by V. Garcia

Miss Munroe is a graduate of the School of Nursing of the Royal Victoria Hospital, and was for some time a member of the graduate nursing staff of that hospital. She has also taken post-graduate courses at Teachers College, Columbia University, and is exceptionally well qualified, both as an administrator and an educator, for the important position to which she has now been appointed.

During the war, Miss Munroe served overseas with the Canadian Army Medical Corps and, in recognition of her fine work, was awarded the Royal Red Cross by King George V. She has always taken a keen interest in nursing affairs and is a past-president of the Alberta Registered Nurses Association. While her departure from Western Canada will certainly be much regretted by her colleagues in Alberta, her own School will rejoice that this able woman has consented to guide its destinies.

THE EDITOR'S DESK

A Brief for Nurses

It is very fortunate that the Canadian Nurses Association is so organized that it can plead the nursing cause before constituted governmental authority. By means of a special committee appointed for the purpose, a clear and logical statement concerning health insurance in relation to nursing was recently submitted to the Royal Commission on Dominion-Provincial Relations. The full text of this appears in this issue of the *Journal*, under the caption of *Notes from the National Office*, and merits careful attention. According to newspaper accounts, the statement, which was presented by Miss Jean I. Gunn, was received by the Commission with marked interest. There are indications in several Provinces that some form of health insurance is strongly desired, and the opinion was expressed by many of the witnesses who appeared before the Commission that the Federal Government should lend its support. Any measure which touches the practise of medicine will inevitably have an effect upon nursing and we are fortunate that our case has been placed before the Commission at this juncture.

Getting the Right Nurse!

A more intelligent distribution of nursing service is now being undertaken in several Canadian cities. A study of the findings of the experimental Nursing Service Bureau in Montreal will reveal many problems which, prickly though they may be, are nevertheless well on the way to solution. We are much indebted to Miss E. Frances Upton and Miss Flora A. George for preparing this excellent summary of a fearless and thoroughly constructive report.

A description of the activities of the Manitoba Nurses Central Directory, given by its extremely competent director, Miss Pearl Brownell, is yet another indication of new trends in private duty.

Effective Protection

This *Journal* has repeatedly drawn the attention of its readers to the disgracefully high incidence of tuberculosis among nurses generally, and especially among student nurses. In this issue will be found an informative general statement regarding tuberculosis and also the report of a remarkable effort now being made at the Toronto Western Hospital to give effective protection to student nurses.

Sir Josiah's Suspicions

We find ourselves in hearty agreement with some "suspicions" which, in a recent address at McMaster University, Sir Josiah Stamp defined as follows:

I suspect easy solutions and very pleasant ones. Only very occasionally will it be possible to put in shorter hours and higher wages, lower taxes and balanced budgets, all together at one moment.

I suspect any immediate personal interest. For even a sixpence held near the eye will blot out the Bank of England.

I suspect any solution that does not stand an ethical test. The Sermon on the Mount is perhaps too fine a sieve for today, but the Decalogue is a mesh that can do thorough work. That, at least, we have not outgrown in standard. Do not think that education weans you from the spiritual law, either.

I suspect any solution in which one factor is modified and the others are all assumed to remain the same.

I suspect any method of getting the best of two worlds at the price of one.

I suspect every solution that carries over nothing from the past, just as I suspect every one that merely snuggles down in the old way.

An Experiment in Nursing Service

This article is based upon a report recently presented to the Committee which directs the activities of the Nursing Service Bureau in Montreal. The chairman of this Committee is Miss E. Frances Upton; the director of the Bureau is Miss Flora Aileen George.—Editor.

The need for a better distribution of nursing service has long been recognized by the nursing profession in Canada, and one of the principal recommendations of the *Survey* dealt with the development of a type of nursing service bureau which would be broad enough in scope to meet the demand for various kinds of nursing care. With a view to carrying out this recommendation in terms of action, the Association of Registered Nurses of the Province of Quebec appointed a committee in 1934, to proceed with the organization of a Nursing Service Bureau in Montreal. This committee included representatives from all fields of nursing but, since in the Province of Quebec the Association of Registered Nurses is a bi-lingual group, it was decided to limit the project to the English-speaking community. The co-operation of the Montreal Graduate Nurses Association (which maintained a registry in connection with the Nurses' Club) was obtained, and the experimental project was launched under the name of the Montreal Graduate Nurses Association Nursing Service Bureau.

The offices are situated in the Medical Arts Building and include a room for the registry, an office for the director and a waiting room for registrants. A twenty-four hour switchboard and elevator service is maintained in the building, which also has the advantage of a central location. The Bureau thus supplies continuous twenty-four hour service for nurses, their clients, and the hospitals.

All applicants for enrolment are interviewed by the director of the Bureau and, with the co-operative understanding of the Montreal Graduate Nurses Association, the Bureau Committee undertook to abide by the regulations laid down by that group for the registered nurse registrants. The administrative policies of the Bureau are under the direct control of the committee, and a placement service has been organized in which the following groups are registrants:

Registered Nurses in the Province of Quebec, who are engaged in private duty nursing in the English-speaking section of Montreal.

Trained attendants: The Young Women's Christian Association has for some years conducted a School for Attendants. The Association gave its whole-hearted support, closed its registry and requested the trained attendants to enrol with the Bureau.

Practical nurses: In this group were found workers engaged in various types of nursing. Some are graduates of small hospitals who are not eligible for membership in the Association of Registered Nurses of the Province of Quebec. Others are nurses who for various reasons were unable to complete their hospital training. Regardless of the length or type of training, these workers are classed as practical nurses.

Physiotherapists: The Canadian Physiotherapy Association was accepted as a corporate member of the Bureau. This group acts and maintains high standards in its own field.

Medical Orderlies: Workers in this classification were enrolled through the co-

operation of a hospital which understood the problems confronting the Bureau.

A carefully detailed record system was installed which, at the end of the first year of operation, may be summarized as follows:

Registrants:	
Registered nurses	681
Trained Attendants	84
Practical nurses	45
Medical orderlies	12
Total registrants	822
Calls filled by registered nurses:	
Private duty nurses in the hospital	7,807
Private duty nurses in the home	1,180
Private duty nurses out of town	105
Temporary hospital assignment	468
Hourly appointment service	76
Permanent positions	13
Summer camps	3
Relief for industrial positions	2
Total calls filled by registered nurses	9,654
Calls filled by other workers:	
Trained attendants	391
Practical nurses	170
Medical orderlies	73
Physiotherapists	3
	637

Registered Nurses

As medicine has developed into highly specialized fields, the nurse also has tended to become a specialist. Two factors which have contributed to this development are (1) the specific skills and techniques required in special hospitals and by medical specialists; (2) the practice of doctors in showing a preference for those nurses who work exclusively with them. It may be said therefore that the development of the nurse, and of nursing, does not follow a path charted by the nursing profession, but rather a course made necessary by the trend of hospital organization and of medicine itself.

Our records indicate that private duty nursing in hospitals is definitely preferred to home nursing. Only three registrants preferred home nursing and refused to go into hospitals. On the other hand, many registrants would not accept home nursing, an attitude which causes adverse criticism of nurses and nursing in general. In the majority of cases, day duty is preferred to night duty even though the majority of calls continues to be for night duty. Calls for nineteen-hour duty and resident duty are not numerous, but the bureau experiences some difficulty in filling them. Out-of-town calls are probably the most difficult to fill. There has been an increase in the number of calls for hourly service. Our experience has plainly demonstrated the need for a better understanding of medical asepsis. If the nurse is adequately trained (and all nurses should be) she need have no hesitation in caring for patients with communicable disease.

Close co-operation between night and day nurses should be constantly sought. It might be advantageous to revert to the system formerly practised, when the nurse on day duty was in charge of the case and the night nurse was her assistant. The young nurse respected and sought guidance from the older nurse and, without a too apparent realization of the situation, a measure of supervision was thus maintained. Today, jealousies sometimes exist that could be avoided by more thoughtful consideration. Perhaps this lack of co-operation has arisen because of the ten-hour day which means that the day and night nurses do not always meet one another.

More attention should be directed toward the standard equipment which every nurse should take with her into the home. Such equipment should be neat and compact and it would be advisable to make it compulsory to meet the requirements in this regard. Sample

equipment might be assembled at the Bureau so that new registrants could see what is needed.

To the nurse who has been out of school for some time, temporary assignments to hospital duty are occasionally desirable. Such an assignment serves as a refresher course, enables her to review her techniques, recalls the problems of ward administration and makes her familiar with new treatments. Unfortunately it is sometimes difficult for a nurse to accept such assignments because, if they last for any length of time and the nurse is maintaining or sharing an apartment, the financial burden is considerable. There are wide differences in the salaries offered for general duty and the Bureau at times has found it impossible to persuade registrants to accept either temporary or permanent assignments in the smaller hospitals. Furthermore, general duty nurses are sometimes asked to assume responsibility for more patients than they can care for adequately, and opportunities for promotion are somewhat limited.

The free lance worker usually is a nurse who is a new-comer and has obtained employment through doctors or friends. Many of them find difficulty in establishing themselves and therefore resort to advertising in the daily newspapers. The work thus obtained is often at a considerably reduced salary for almost continuous duty. This practice tends to lower professional standards to a considerable degree.

Subsidiary Nursing Service

For both the trained attendant and the practical nurse, personal interviews are arranged with all applicants for enrolment. Confidential reports are obtained and recommendations are checked, every effort being made to safeguard the patient. A fair proportion of the calls received for trained attendants and practical nurses were in connection with convalescent, or chronic patients or to care for well babies. On the other hand, a large number of calls requested their services for patients suffering from such acute diseases as pneumonia, cardiac conditions, erysipelas, alcoholism, scarlet fever, etc.

It has also been our experience that attendants have frequently been assigned to the care of the cancer patient and that they have been placed in homes of people of moderate means as well as in homes where less comfortable circumstances prevail. It is true that the long-drawn-out course of this illness does place a severe burden on the family income, but this is hardly a valid reason for depriving the patient of adequate care. In our opinion trained attendants should not be permitted to care for patients with pneumonia. All infectious diseases, with their possible complications, should be handled by a nurse who has had thorough preparation in medical asepsis.

There are two responsibilities which the Bureau has declined to accept. Firstly, we refuse to send attendants to homes when the condition of the patient necessitates giving drugs hypodermically. Secondly, we do not send attendants to homes to care for infants unless they have previously had some instruction in this work and in the preparation of feedings.

Most of the observations made in regard to trained attendants may be applied to practical nurses. In this group, we have not accepted any one who was not already established in the field. These workers are frequently engaged on a salary basis in homes where there is a chronic or convalescent illness and in the majority of cases are expected to assist with the housework. Most of the calls for practical nurses are placed by members of the family, in contrast with the calls for trained attendants,

which are placed by the doctor in charge of the case.

Summary and Conclusions

As the result of our first year's work, we have reached certain conclusions which indicate the general trend of our thinking. These may be summarized under the respective headings of (1) registered nurses and (2) subsidiary workers.

Registered Nurses: It is suggested that the quality and type of nursing service should be determined by the patient's needs. Every effort should be made to co-operate with the medical profession so that a wise choice may be made of the worker best qualified to serve the individual case.

Skilled nursing care is a necessity in the care of patients suffering from the following conditions:

(a) Critical illness due to various surgical conditions including cancer.

(b) Medical diseases, especially pneumonia, communicable disease, and cardiac disease.

(c) Obstetrical cases delivered in the home.

(d) Acute mental cases, drug addiction and alcoholism.

The registrants should themselves give careful study to standards of nursing service, the education of the private duty nurse, etiquette and uniform, and should bring a report on these questions before the Bureau.

Any registered nurse who has not been actively engaged in nursing for a period of five years or more, and who wishes again to become a private duty nurse, should before being allowed to register: (a) take a graduate course in a local hospital or in her own school and be required to produce a certificate showing that she has taken this course; *or* (b) engage in general duty for a period of at least three months in a recognized local hospital.

Consideration should be given to the development of hourly nursing and this service should be brought to the attention of the public in an effort to meet the need for skilled nursing at a moderate cost.

Subsidiary workers: There is a definite need for some type of subsidiary nurse worker, whose services can be used when skilled nursing is not indicated. This worker should be given a limited instruction in the bodily care of the patient, the preparation and serving of food, and the care of the home. Care should be taken to see that she realizes her limitations and is willing to accept supervision. Our experience indicates that, at 18 years of age, the candidates are too young for this type of work. They should be at least 25 or possibly 30 years of age so that they may be sufficiently mature to deal with the situations which arise in the home.

Further consideration should be given to designating subsidiary nurse workers under a name by which they would be generally known, thus avoiding confusion and enabling the public to realize the limited degree of proficiency which may be expected from a non-professional worker.

It is desirable that subsidiary nurse workers, caring for patients in the home, should have a registered nurse as a field supervisor.

Where a registered nurse and a trained attendant are engaged on the same case, it would be advantageous for the registered nurse to accept only day duty, so that she may meet the doctor in charge, carry out nursing treatments, be responsible for the patient's diet and allot such duties to the attendant as may safely be entrusted to her. It is also recommended that no registered nurse should instruct

an attendant or practical nurse in advanced nursing technique such as the giving of hypodermics.

The Outlook

At the close of our first year of actual experience we are confronted with findings which call for resourcefulness and courage if they are to be squarely faced. Nevertheless, we are sufficiently encouraged to justify further effort toward the development of the Bureau. The Council of the Montreal Medico-Chirurgical Society has pledged support of the recommendations we have made and the authorities of the Young Women's Christian Association are in sympathy with our policies.

We are also assured of the continued co-operation and support of professional private duty nurses. A registrants' committee, composed of fifteen private duty nurses has been appointed to deal with the questions of hours of duty and of fees. Four members of this group are also members of the Bureau Committee which already includes in its membership several other private duty nurses.

With the experimental period ended, and with the establishment of sound guiding principles, we dare to believe we are on the right road.

Editor's Note: Copies of the full text of the report upon which this article is based may be obtained from the Director, Nursing Service Bureau, Medical Arts Building, 1538 Sherbrooke Street West, Montreal. Price, one dollar.

Manitoba Nurses' Central Directory

PEARL BROWNELL

Registrar, Manitoba Nurses' Central Directory

In 1921, the Manitoba Association of Registered Nurses took over the then existing nurses registry in Winnipeg and organized the Manitoba Nurses' Central Directory. While the Directory is subject to the control of the Provincial Association, it is directly managed by a committee composed of three members appointed by that body, together with nurses who represent the various hospitals, and the alumnae associations. Each of the three sections of public health, private duty and nursing education has one representative, one lay member is appointed by the Local Council of Women, one member represents the medical profession. The Directory staff consists of the registrar and two assistants, maintaining a twenty-four hour service.

At present there are three hundred and fifteen registered nurses on the membership list, and sixty-five nursing attendants. The members of the latter group have had training, ranging from a mini-

mum of six months to graduate nurses who have never taken out registration. Though as yet home helpers are not registered, such calls are filled occasionally from a list of capable women who have applied for this work. All types of service are offered, though very few calls are received for hourly nursing because the Victorian Order of Nurses is well established and well equipped for such work in Winnipeg. A registration fee of ten dollars per year for registered nurses, and five dollars per year for attendants, is charged. A classified index is kept which shows that eighteen different languages are spoken by the nurses registered.

The Directory might also be called a placement bureau, for apart from the various types of positions filled in Canadian centres, many requests have also been received from American hospitals for general duty nurses. The greater number of these positions have been filled by nurses registered at the Directory. Nurses not on our membership list, who obtain appointments through the Directory, are asked to pay a fee of five dollars, an amount equal to six months registration fee. Though for a time the employment situation was greatly relieved, the private duty field is still overcrowded. Perhaps not more than half of those on the list are what might be called real private duty nurses. The others are there to fill in time and earn money while waiting for something in their chosen line of work, many hope to relieve a temporary financial stringency, and owing to economic conditions in the rural areas of Manitoba and Saskatchewan, others have come to the city looking for work.

It is a mistaken idea that any graduate can be a successful private duty nurse. People are becoming more discriminating and demanding a higher quality of service. Private duty is no longer a field into which just any nurse may enter with the assurance of steady employment. While the larger hospitals telephone each morning for a list of all their own graduates who are available for duty, the majority of calls both from hospitals and doctors are for specific nurses. When the selection of the nurse is left to the Directory, no registrar should be bound by rule to send the first nurse on the list. This can only result in general dissatisfaction. Many considerations enter into the placing of a nurse, such as personality, professional and cultural background, ability to adjust oneself, age, and even nationality. How can a Directory keep some nurses busy when the hospital which graduated them will not call them back on cases? The Directory has a responsibility to the patients and cannot in all fairness send them nurses whom they know will not be satisfactory. All registrars must agree that the professional background, important as it is, often gives less concern than does personality. The private duty field is not overcrowded with *good* nurses.

As the young nurses planning to do private duty after graduating have only a vague idea of what is before them, the registrar of the Directory has been giving talks to the senior classes at the different hospitals on private duty nursing and the Directory itself. In an effort to bring to the attention of the medical profession the service which the Directory has to offer the doctors are being personally interviewed by the registrar.

Eight-hour duty came into effect in the Winnipeg hospitals in December, 1936, with very little disturbance. This was due largely to the excellent spade work that was done previously in bringing its advantages to the attention of the hospital administrators and the doctors. The present fee is four dollars for eight hours, the nurse paying for her own meals. This makes the cost to the pa-

tient for three nurses the same as it was formerly for two. The advantage to the patient is that he is assured of better nursing care given by an alert and unfatigued nurse. The nurses themselves are unanimous in their approval of the shorter hours though the older nurses do miss the larger income of former days. Nevertheless, they would not care to go back to the longer day because they appreciate the time they now have at their disposal for other interests and more adequate rest. Hours of duty in the homes are regulated by the needs of the case as formerly, but even here eight-hour duty is becoming more common, especially in difficult cases and in convalescence. The fact that 1937 was the best year since 1929 in this Directory, is, we believe, due largely to the eight-hour day, which has been responsible for a definite increase in the number of calls.

The problem now is how to improve the lot of the private duty nurse and how to create more demand for her services. It is suggested that the ideal solution would be to put private duty nurses on a salary basis. Any suggestions as to how this could be made practicable will be gratefully received. It is expected that group hospitalization will soon be an accomplished fact in Winnipeg. As this plan has resulted in increased employment for private duty nurses in the United States, we have every reason to suppose it will do the same for us.

THE FLORENCE NIGHTINGALE FUND

Further contributions to the Florence Nightingale Memorial Fund have been received as follows:

Alberta

A.A., Lamont Public Hospital	$10.00
Graduate Nurses Association, Medicine Hat	10.00
Student Nurses, Holy Cross Hospital, Calgary	10.00
Student Nurses, Misericordia Hospital, Edmonton	5.00
Student Government, Royal Alexandra Hospital, Edmonton	15.00

Manitoba

Student Nurses, Dauphin Hospital	2.00
Dauphin Graduate Nurses	8.00
Staff, St. Boniface Hospital	4.75
A.A., St. Boniface Hospital	25.00
Central Tuberculosis Clinic and Social Service Department, Winnipeg General Hospital	3.60
Victorian Order of Nurses, Winnipeg Branch	1.30
Nursing Division, Provincial Department of Health	7.00
Provincial Office Staff	1.00
A.A., Children's Hospital, Winnipeg	10.00
Staff, Children's Hospital, Winnipeg	4.50
Staff, Shriners' Hospital, Winnipeg	1.00
Manitoba Association of Registered Nurses	100.00

New Brunswick

New Brunswick Association of Registered Nurses	50.00

Ontario

A.A., Nicholls Hospital, Peterborough	5.00
A.A., St. John's Hospital, Toronto	5.00

Prince Edward Island

Registered Nurses Association of Prince Edward Island	50.00

Quebec

Miss M. R. Lawrence, Montreal	2.00
Nursing Staff, Jewish General Hospital, Montreal	16.20
Montreal Overseas Nursing Sisters Association	3.00
A.A., St. Justine Hospital, Montreal	5.00
A.A., Jeffrey Hale's Hospital, Quebec	25.00

Saskatchewan

Saskatoon Registered Nurses Association	10.00
Saskatchewan Registered Nurses Association	223.50

Here Come the Ships

A. Edith Fenton

Superintendent, Dalhousie University
Public Health Clinic, Halifax

From the windows of the Nova Scotian Hotel, the headquarters of the Biennial Meeting of the Canadian Nurses Association in July, 1938, one can see the ships arriving in the Port of Halifax. Big ships and little ships, by sail, steam and oil; freighters and luxury liners; tramps, tugs and graceful yachts; schooners and trawlers; and even an occasional man-of-war. On pleasure bent, or laden with merchandise, they fly the flags of many nations and carry travellers, tourists, immigrants, soldiers, sailors, and movie stars, business men and diplomats, returning Canadians, and newcomers to a land of promise.

The city of Halifax lies on a foot-shaped peninsula. It is bounded on one side by a long arm of sea-water, known as the Northwest Arm, which is a beauty spot given over to pleasure. To the east lies the Harbour itself, another arm of the sea but devoted to commerce, piers, and ships. It leads, through the Narrows, to Bedford Basin, a large expanse of water on which it is said the whole British Navy could ride at anchor. Bedford Basin will remind many of the war, for it was here that Canadian and American troops awaited their convoys for the voyage across the Atlantic. The Narrows are also reminiscent of the great explosion of 1917, when a Belgian relief vessel collided in the narrow channel with a French munition ship, the resulting explosion maiming for life, several thousand perdevastating the city and killing, or sons.

The distance from the city through the outer harbour to the open sea is eight miles, land's end to the north being Devil's Island with its twin lighthouses, and to the south Chebucto Head, well equipped with the various modern devices of light, sound and wireless to guide ships to a safe haven. Somewhere between these two boundaries rides the pilot boat, under sail or at anchor, with possibly as many as a dozen pilots, ready to be put aboard each incoming ship, day or night, in calm or stormy weather, as required by law. Within this outer harbour lie two large islands, Lawlor's and McNab's, and a smaller and formerly fortified one called George's Island.

In the early days of settlement from 1749 onwards, as pioneers and immigrants were coming in numbers to the New World, disease sometimes came with them aboard the ships and gradually there evolved a system of medical inspection and quarantine. The two islands, Lawlor's and McNab's, have played a vital part in this, serving as quarantine stations. Much of tragedy have they seen and many acts of heroism. One dramatic tale, as recorded in "Early Days of the Halifax Infirmary" by Dr. Arthur L. Murphy, in the *Nova Scotia Medical Bulletin* will illustrate:

> In the late winter of 1866 the barque *England* put out from the port of Limerick. Crowded on her decks and below were thirteen hundred immigrants eager for the new world. Graced by wind and current, the *England* made a smooth, swift crossing. On the tenth of April her passengers were jostling one another against the rails, expectantly scanning the horizon for land . . . A long black bar appeared on

the western horizon and the joyous cry of "land"! arose. There was no rejoicing among the crew for within an hour the sky was overcast and the winds were whipping the sea to a fury. Terrified passengers were crowded below and the hatches jammed down. The *England* weathered the storm, but in her ill-ventilated hold were enemies far more deadly. On the thirteenth of April she entered Halifax harbour laden with suffering and death. Already three hundred had died and been buried at sea. Hundreds more lay below, the victims of Asiatic cholera.

It was natural, that when the ill-fated *England* discharged her poor cargo in quarantine on McNab's Island that the Sisters of Charity should be among those called on to volunteer as nurses. Three were chosen to go with the four physicians from the city. One of these was Sister Mary Vincent who was later to be identified with the first Halifax Infirmary. A woman of broad capabilities and deep understanding, she embraced this work of charity with the ardor that characterized all her efforts.

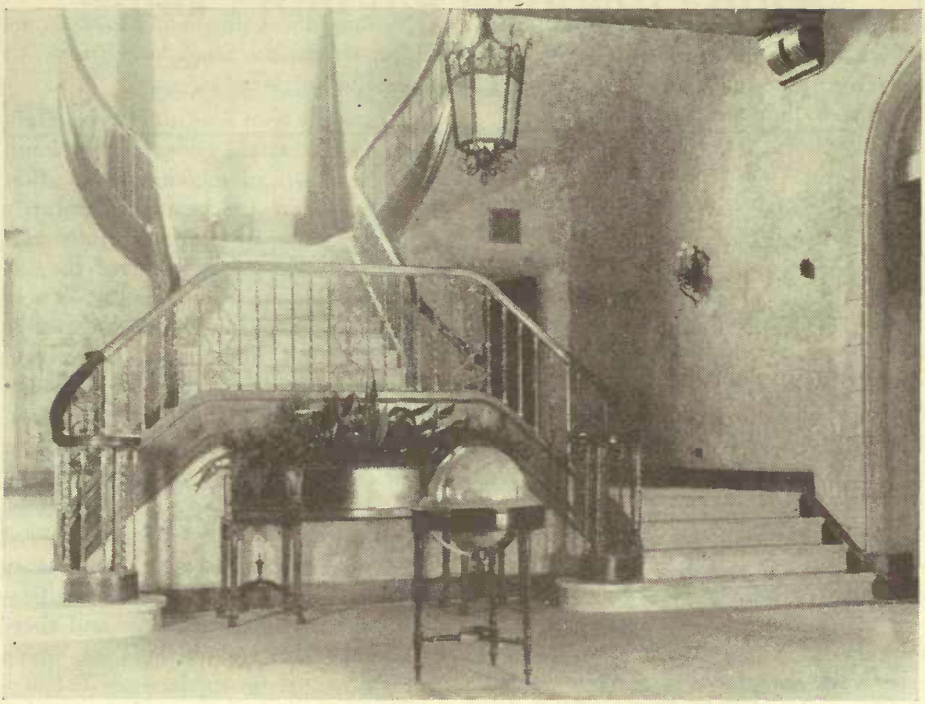
As the Island came into view the Sisters could see a file of men bearing coffins. It was evening and the doctors, assisted by those who were able, spent these twilight hours in burying the day's victims. Theirs was a common grave. The cholera made no distinction of caste or creed. If the day's toll were too heavy the dead lay in the field to await burial the next evening.

The Sisters' "hospital" was a small house, the only one on the island, and the owner bequeathed with it all that he could not, in his haste, carry away. There was a stove, a table, two chairs, an old sofa and four beds with straw mattresses. Dr. Slayter, the city health officer, who had been on the island since the ship's arrivel, welcomed the Sisters and promised to return in the morning. He did not come back. By morning he, too, was waiting his turn for burial in the field. The cottage was soon made ready and the children being given the first consideration, were taken from the tents where the sick were sheltered and given warm housing and nursing care. Many more died; some got well. And, in its time, the scourge passed.

And that was only 70 years ago! How far we have travelled since! Through the years, modern preventive medicine has made a repetition of the *England* tragedy almost impossible. Within living memory, modern methods of sanitation, the great movements for the control of disease the world over, and the enormous financial impetus given by such bodies as the Rockefeller Foundation, have contributed to the sum total of human comfort and happiness far more than is possible to describe. Today even one case of cholera, or smallpox, or other such "plague" found aboard an incoming ship is almost unknown.

Thirty years or more ago, the federal government built a fifty-bed hospital on Lawlor's Island. This has been maintained with a staff residence and other auxiliary buildings ever since, although within the last ten years it has been used but twice. This year, plans are afoot for transferring this service to the mainland. An island is no longer considered essential for isolation, and presumably such facilities as are now required can be provided with less expense and greater facility on the mainland.

Policies with respect to medical inspection of immigrants have also changed. Today, Canadian government doctors examine prospective immigrants in foreign ports before embarkation. No more homes in the old land given up, the heart-break of good-byes, the difficult ocean voyage, only to be turned back on the threshold of that new home to which courage and high hopes had led. The immigrant now leaves his homeland having passed inspection and with the stamp of approval. But still there must be a check at the port of entry. For many years, signal flags flown on an incoming ship have de-



Stairway at the Nova Scotian Hotel.

noted various matters of concern including "clean bill of health" or otherwise. Today another modern discovery, radio, tells the story before the ship is even in sight on the horizon. Each ship with a doctor aboard reports in detail by radio pratique to the port, and if there be no doctor the responsibility falls on the captain who must report on any suspicious illness. Upon arrival all vessels from the Far East much anchor at "headquarters grounds" a definitely allotted section of the harbour, where medical inspection of all crew members and passengers must take place before allowing such ships to dock or make customs entry at Halifax. This is undertaken by the Department of Health as a precautionary measure against the spread of contagious diseases to the city and country. Ships from other parts of the world, after reporting by radio pratique and receiving a satisfactory answer, may draw in directly alongside the Pier. There the port doctor goes abroad to confer with the ship's doctor and finally, all being well, disembarkation begins.

From this point the ordinary traveller is speedily on his way. The immigrant and newcomer may however require guidance and assistance in various ways. The great two million dollar immigration pier at Halifax is a hive of interest and activity following the docking of some large ship. There are interpreters to help with the language problem. A little fourteen-bed hospital on the pier is ready to give care and rest to any who, from the effects of the voyage or other minor illness, may be unable immediately to continue their journey. Some passengers with unsatisfactory credentials may have to remain

in detention quarters. Others may need assistance with problems of rail transportation to their final destination. Sometimes luggage and household effects have to be located and passed through the customs. Probably the Red Cross Nursery provides the most human touch of all. Mothers and children find there a place to rest and wait, or are given an opportunity to wash a few clothes and start out fresh again. Steaming cups of tea and cocoa are offered by pleasant folk in white dresses and veils with a little red cross who give a welcoming smile and a friendly hand. A steady floor seems good after that long uncertain voyage in the depths of a ship!

It need hardly be said that all regulations regarding health inspection apply, not only to immigrants, but to crews and all classes of passengers, and even to animals. Perhaps the greater dangers arise from non-passenger-carrying ships, such as freighters and tramps from India, and the Orient. One infected seaman could so easily spread diseases about the streets of one of our coast cities.

An interesting development since the advent of radio has been the international agreement whereby notification is made of any port where an outbreak of reportable disease has occurred, such a port being known as an "infected port". Subsequently, any ship arriving from the reported infected area is subject to special quarantine regulations whether or not actual disease be abroad. The Canadian quarantine service receives weekly reports from the British Ministry of Health showing the names of ports of the world where it is known there is quarantinable disease present. Additional information is also received from the International Office at Paris, from the Health Section of the League of Nations, the Canadian Trade Commissioners and the Singapore Bureau of the League of Nations.

Nature has been kind to Halifax Harbour and few would guess, as they stand by the rail of an incoming ship, that camouflaged by the beauty of nature's handiwork, five forts are carefully hidden at strategic points to guard the entrance to this Atlantic gateway. These forts have guns ranging from twelve pounders, and anti-aircraft protection as well. Standing clear and white against its background of dark fir trees, where Point Pleasant Park looks out to the Atlantic, is Canada's memorial to those lost at sea during the Great War, including the Nursing Sisters who went down on the hospital ship *Llandovery Castle*. A number of disused fortifications can also be found here and there among the hills and in the Park which are of no value for modern use but suggest to the imaginative mind the stirring days of a century gone by. On the Dartmouth shore is the growing airport of the Royal Canadian Air Force.

There is something fascinating about a port and its doings. Perhaps the salt tang gets into one's blood, perhaps there is some mysterious influence in fog and tide and storm, perhaps it is the lure of the far-away for often by the shipside east does meet west! Halifax is a winter port and port business is heaviest from November to April when the St. Lawrence may not be navigable. But summer brings its quota of cruise ships, private yachts, and those white-winged little boats that provide such glorious sports on a lovely summer day.

Come and see us in July, and listen to the waves breaking on Canada's eastern shore!

Notes From the National Office

Contributed by JEAN S. WILSON,
Executive Secretary, The Canadian Nurses Association

A SUBMISSION TO THE ROYAL COMMISSION ON DOMINION-PROVINCIAL RELATIONS

Since 1934 a special committee of the Canadian Nurses Association has functioned for the purpose of (1) making a study and keeping closely in touch with health insurance schemes, and (2) having information available as may be required by the Association in the event of the adoption of a general plan of health insurance, provincial or federal. Following the appointment of the Royal Commission on Dominion-Provincial Relations by the Federal Government, the Committee on Health Insurance and Nursing Service prepared a statement on health insurance from the standpoint of nursing service. The Canadian Nurses Association submitted this statement in the form of a printed brief to the Royal Commission on Dominion-Provincial Relations during sessions which opened in Toronto on April 25, 1938. The entire content of the brief is published herewith:

Mr. Chairman and Members of the Royal Commission on Dominion-Provincial Relations:

In 1860, only seven years before Confederation, the first Training School for Nurses in the British Empire was organized in St. Thomas's Hospital, London, England, by Florence Nightingale. At the time of Confederation in 1867, there were no trained nurses in Canada and only a few Canadian hospitals were beginning to introduce the methods of training nurses advocated by Florence Nightingale.

In 1904, the first provincial nurses association was organized in the Province of Ontario, and subsequently the other provinces organized. In 1908, the Canadian Nurses Association was founded and became a member of the International Council of Nurses in 1909.

The Canadian Nurses Association represents the registered nurses of Canada. It is a federation of the nine Provincial Nurses Associations, membership in any one of which provides membership in the National Association. The National Association is a means of creating unity and mutual understanding. It is also a link with other national organizations belonging to the International Council of Nurses. The provincial associations are all incorporated under provincial regulations either by Act or Letters Patent. Each provincial association has an Executive Secretary who also acts as Treasurer, and in some of the provinces as Registrar and Inspector of Training Schools for Nurses.

The Canadian Nurses Association is not incorporated. On March 1, 1938, the Association had a total of 14,254 members. The national office of the Association, located in Montreal, is in charge of a full-time Executive Secre-

tary. The official organ of the Association is *The Canadian Nurse*. The objects of the Canadian Nurses Association are:

To promote national unity among the nurses of Canada.

To elevate the standard of nursing education and practice in order to render the best type of public service.

To stimulate in its members an active interest in community welfare.

To encourage an attitude of understanding towards the nurses of other countries.

Registration: Graduates from Schools of Nursing which comply with provincial regulations and have by examination, satisfied the body administering the provincial Registration Act of their qualifications, are thereby entitled to the use of the term "Registered Nurse." No provision has been made as yet for Dominion Registration, but a Committee of the Canadian Nurses Association is engaged in a study of it. The number of registered nurses in Canada is estimated to be over 20,000.

Present Organization for Nursing Service: 1, Nurses are now serving communities in Canada through the following channels:

(a) Public and private hospitals, sanitoria and other institutions.

(b) Public Health Activities.
Official organizations — Federal, Provincial, Municipal.
Voluntary organizations as: Victorian Order of Nurses for Canada, Canadian Red Cross Society, Local organizations, etc.
Life Insurance Companies.
Industry and Commerce.

(c) Private nursing—bedside care in homes and hospitals.

Methods of Employment: (a) In all services cited in numbers (a) and (b) of section 1, nurses, selected and employed on a more or less permanent basis, are paid a monthly salary and their work is under supervision. In the selection of these nurses, however, there is no central or co-ordinating agency by which the nurse free for employment is brought in contact with the organization needing her services.

(b) The nurse engaged in private duty is a "free-lance" worker. She secures employment through membership in a registry maintained and controlled by members of the nursing profession in the area in which she works. Such registries are autonomous and serve only as employment agencies. In smaller communities where there is no such registry organized, the nurse is usually known by the physician and called by him to his patient. There is no provision for the supervision of the work of the private duty nurse, except when she is employed on special duty in a hospital.

Difficulties experienced by the public in securing nursing service: At present, there are probably sufficient nurses in Canada to give adequate nursing care to all who require it. However, because of the lack of community organization to provide both full and part time nursing service, a large percentage of ill people remain unserved. This applies principally to the non-hospitalized sick. The outstanding reasons mainly responsible are:

Lack of knowledge of available services: Even in communities where there is adequate provision for all types of nursing care, people go unserved because sufficient publicity is not given to existing resources.

The Present Distribution of Nursing Services:

(a) Urban Communities: the urban population of Canada in the 1931 census was 5,572,058.

Registries: In the majority of urban communities, a centralized professional registry is non-existent.

Private Duty Nurses: Except in very small communities, there are sufficient private duty nurses.

Visiting Nursing Organizations: Only 24% of urban communities with a population of over 2000 have a visiting nursing service. It is recognized that a large percentage of ill people can be satisfactorily cared for by an efficient visiting nurse organization.

(b) Rural Areas: the rural population of Canada in the 1931 census was 4,804,728.

Registries: There are relatively few nurses registries serving rural communities.

Private Duty Nurses: This service from the standpoint of availability is very inadequate. Many rural districts have not even one resident trained nurse.

Visiting Nursing Organizations: This service is practically negligible in rural areas.

The inability of people to pay for an adequate nursing service: This requires no explanation. The high cost of medical care is an established fact, and as skilled nursing care is an integral part of medical care, financial reasons prevent a considerable number of ill people receiving efficient and necessary nursing attention.

Existing Conditions which Require Further Investigation: In 1929 a survey of nursing needs in Canada was made under the joint auspices of the Canadian Medical Association and the Canadian Nurses Association. In the published report, (*Survey of Nursing Education in Canada*, George M. Weir, D. Paed., University of Toronto Press, 1932), the following conditions were revealed. The findings of a recent survey in Ontario were similar, indicating that the conditions have not changed materially during the last few years.

1. According to medical evidence, fewer than 38% of the patients in the average Canadian community who need the services of a trained nurse are able to obtain them, while the others, 62% of the cases of average acute illness, are cared for by untrained attendants.

2. There is ample evidence that only 3 out of 8 people of moderate means who require skilled nursing care, are able to pay for such service where it is available. Even a relatively brief period, two months for instance, of payment for nursing service in hospital or home imposes a serious financial handicap with resultant debt from which recovery is difficult and in some cases impossible. This does not mean that the charge for the service is excessive, since the Survey disclosed that the average annual salary of the private duty nurse (in the year 1929) was approximately $1,000.00. The problem is an economic one for families of moderate means, which apparently can only be solved by a definite plan to replace the present lack of system for the provision of nursing care.

3. One of the chief anomalies in the health situation in Canada today is the fact that over 90% of the trained nursing services are readily obtainable in a geographical sense by only about 46% of the population. This points to the fact that a large majority of rural communities are practically without skilled nursing care. The total number of registered nurses in Canada might be sufficient if properly distributed, to provide care for the health and sickness needs in all communities. The necessary distribution cannot be effected without some definite plan, as the average rural community is unable, of itself, and few of its members are able individually to provide financially for such service.

Recommendations

The Canadian Nurses Association is of the opinion that a form of Health Insurance which included as an integral part of the medical care adequate provision for nursing service, would assist in meeting effectively many of the existing nursing needs of both urban and rural communities.

Since the Canadian Nurses Association is a federation of the nine Provincial Associations of Registered Nurses and each Provincial Association is organized in the individual province it represents, the following recommendations will apply to any Federal or any Provincial movement toward health insurance from the standpoint of national or provincial organization.

1. That before Health Insurance is applied to Canada as a whole or to any province in Canada, a complete survey of all health services be first undertaken.

2. That, if and when legislation for Health Insurance makes provision for medical service to the insured, nursing service should be included.

3. That the importance of the preventive aspect be stressed and that it be included under the administrative control of the Health Insurance plan, in co-operation with the constituted health authorities.

4. That, in the set-up for the administration of Health Insurance, the organized nursing profession be afforded an opportunity of serving in an advisory capacity on all questions relating to nursing service.

5. That, if and when Regulations for Health Insurance are being drafted the organized nursing profession be permitted to discuss the nursing aspects of the plan.

In conclusion, the Canadian Nurses Association wishes to express its very grateful appreciation to the Royal Commission on Dominion-Provincial Relations for granting to the Association the privilege of presenting this brief.

All of which is respectfully submitted,

Ruby M. Simpson,
President.

Jean S. Wilson,
Executive Secretary.

Jean I. Gunn,
Chairman, Health Insurance and Nursing Service Committee.

OBITUARY

PHILLIPS

A long and useful career, spent in the service of the community, came to an end when the death occurred on May 22, 1938, of Lillian C. Phillips. Prior to her retirement in 1933, Miss Phillips served for thirty-three years as superintendent of the Montreal Foundling and Baby Hospital. She also directed the Argyle School for the training of children's nurses, an activity in which she took great interest. The first milk station in Montreal was organized through her efforts and, in addition to her child welfare activities, she was among the leaders who were instrumental in the founding of the Association of Registered Nurses of the Province of Quebec, of which body she was honorary secretary-treasurer for a number of years. She was also president of the Montreal Graduate Nurses Association for eighteen years.

HALL —

The death occured recently in Drumheller, Alta., of Mrs. Florence Hall, (Florence Bradley), a graduate of the Saskatoon City Hospital and a member of the class of 1915.

UNPROFESSIONAL CONDUCT?

I have been much interested in the discussion on 'Unprofessional Conduct' which has appeared in the *Journal* during recent months. The suggestion has been made that members of the nursing profession must maintain a higher standard of conduct than members of other professions. But is it not time that we realize that nursing is a profession among professions, and that its ethical standards are those required in any other professional group? There has been a tendency, probably because of the "clouds of glory" which nursing inherited from its pioneers, to consider it more in the nature of a 'calling'. This attitude towards nursing is a detriment. Until nurses themselves (and the public generally), realize that it is as much a profession as teaching, it will not be possible to make the preparation for nursing anything more than the apprenticeship, which speaking generally, it is at present. If anyone feels that emphasizing nursing as a profession tends to divert nurses from the spirit of service it is only necessary to remember that the only true basis of any profession, is service.

Another aspect of the subject was introduced by a correspondent who seemed to imply that the ethical standard of nurses is deteriorating. This is a topic on which it is rather difficult to come to definite conclusions. Ethics is a very complex subject, and it is easy to have one's thinking coloured by personal experience. I should like to ask a number of questions involving some of the points by which a nurse's ethical standard may be judge!

Does she boil equipment the required length of time in order to sterilize it?

Is her clinical record work accurate?

Does she support the doctor in the treatment he prescribes or does she wonder (audibly) whether something Dr. So-and-So ordered for another case she was on, wouldn't be better?

Does she respect her patient's confidence?

It may be quite true that certain fairly common practices, smoking for example, are more prevalent among nurses today than they were a decade or two ago. This could hardly be cited as an example of deteriorated nursing standards, since the change is this respect simply reflects the change in society as a whole. In Riddell House, the new residence for the nurses of St. Thomas's Hospital, a room for smoking has been planned. Perhaps Florence Nightingale would not have approved of this. Yet it is true that if she were trying today to establish a training school, the very class of young women whom she would consider desirable as nurses would regard smoking as a quite proper and conventional habit.

All this may sound as though I thought nurses are very like other professional women, and that they are worthy of the nursing profession if their ideal of service is just as high and as honestly carried into practice as it is by truly professional people everywhere. I hope that is the impression my words do give, for that's exactly what I do think!

Grace Giles,

Toronto General Hospital

ETERNAL BABY!

E. Railton, Toronto.

The ethered air is rent with piercing cry,
The babe is born and he may well ask why,
He now must live, and nevermore may die,
So drop the silver nitrate in each eye.

Anoint this tender thing with olive oil,
He is the looked-for end of this night's toil,
The force of Nature none can ever foil,
So give him now to Grandmamma to spoil.

NEWS NOTES

ALBERTA

EDMONTON:

Miss Ella Howard, a member of the class of 1937, was awarded the scholarship offered by the Alumnae Association of the Royal Alexandra Hospital, Edmonton. Miss Howard proposes to take the course in teaching and supervision at the School of Nursing, McGill University.

Miss Ida Johnson and Miss Mary Stewart, of the staff of the Royal Alexandra Hospital, will attend the Biennial Meeting of the Canadian Nurses Association in Halifax.

BRITISH COLUMBIA

NEW WESTMINSTER:

The New Westminster Graduate Nurses Association has completed another year—one which has shown an increase in membership, activities, interest and enthusiasm. The emergency fund has been increased by the proceeds from bazaars, raffles and sponsoring a play. The fund tries to provide special nurses for cases needing such care and unable to procure it otherwise.

The following officers were elected for the ensuing year: President, Miss I. Garrick; first vice-president, Miss A. Larson; second vice-president, Miss E. Wrightman; secretary, Miss C. Stewart, 830—4th St.; treasurer, Miss M. Lemon; committee conveners: membership, Miss V. Matheson and Miss L. Brodie; floral and visiting, Miss Power, Miss Lyle and Miss Gutteridge; ways and means, Miss Prentice, Miss Stowe and Miss Gutteridge; educational, Miss Blomberg and Miss McCormack; representative to *The Canadian Nurse*, Miss Ward and Miss Naven.

NEW WESTMINSTER:

The thirty-eighth graduation since the founding of the School for Nurses of the Royal Columbian Hospital took place recenty. Twenty-two nurses received diplomas. The valedictory address was read by Miss Miriam A. Coone and special awards were as follows: Miss Phyllis Drew, of Victoria, medal for general proficiency; Miss Florence Weaver, of New Westminster, the surgical medal; and Miss Gerda Krag, of North Vancouver, the award for the highest average.

Miss Margaret Thatcher has resigned from the position of Matron of the Elizabeth Bruce Memorial Hospital, Invermere; B. C.

VANCOUVER:

Sixty-one members of the graduating class of the Vancouver General Hospital and six affiliated nurses from the Kelowna General Hospital recently received their diplomas. The valedictory address was given by Miss Pauline McMartin. The R. E. McKachnie Medal for general proficiency was awarded to Miss Nancy S. Boulton. Other medals, scholarships and prizes were awarded to: Miss Ida L. Nancekwell, Miss Evelyn Erickson, Miss Vivian M. Glenn, Miss Margaret J. Stevens, Miss Joan M. Davenport, Miss Pauline McMartin, Miss Dorothy Bruce, and Miss Vera Powell.

Married: Recently, Miss Margaret Ruth Swanson (V.G.M.) to Dr. Norman Jones.

MANITOBA

FLIN FLON:

Twenty graduates of schools of nursing in England, United States and many cities in Canada, who are now making their homes in the mining town of Flin Flon, gathered together recently to discuss the formation of a graduate nurses association. Mrs. Isabelle Akert presided and Miss J. G. Stothart, supervisor, Manitoba Department of Health, was guest speaker. She combined a keen insight into nursing needs and problems with the experience gained as an active member of the Manitoba Association of Registered Nurses and as a participant in inaugurating other associations. The following nurses were present: Miss Dora Peterson, Mrs. Isobel (Flemming) MacLean, Mrs. Evelyn (Thompson) Mearns, Mrs. Amy (Burdette) Dahlgren, Mrs. Grace (Montgomery) Stinson, of the General Hospital, Winnipeg, Mrs. Edna May (Quinn) Martin, Mrs. Irene (Judd) McGilvrary, of the Children's Hospital, Winnipeg; Mrs. Mae (Rutley) Wright, Miss Vivian Coyne, Miss Lorna McInnes, of the St. Boniface Hospital. St. Boniface; Mrs. Peggy (Shomperlin) Barker, Dauphin General Hospital, Dauphin; Mrs. Grace C. Fraser, Fulham Road, London, England; Mrs. Isabelle

Palm Beach WHITE Shoe Cleaner goes farther—so Costs Less—25c a Bottle

(Burns) Akert, Roosevelt Hospital, New York City; Mrs. Frances (Chelmick) Willis, St. Eugene Hospital, Cranbrook, B. C.; Mrs. Cora (Hamre) Iverson, Fairview Hospital, Minneapolis, Minn.; Mrs. Mary (Skelly) Wilson, Riverdale Hospital, Toronto; Miss L. Charlebois, Saskatoon Provincial Hospital, Saskatoon; Miss Ruby McSorly, Brandon General Hospital, Brandon; Miss Frances King, Toronto General Hospital, Toronto. Officers were appointed as follows: Honorary president, Miss J. G. Stothart, president, Mrs. Edna May Martin; vice-president, Mrs. Frances Willis; secretary-treasurer, Mrs. Margaret Barker; programme convener, Mrs. Mary Wilson; social convener, Mrs. Isabelle Akert; press, Mrs. Isobel MacLean.

ST. BONIFACE:

Miss Vera Margarson, a graduate of the School of Nursing of the St. Boniface Hospital, has accepted the position of superintendent of the Morden Free Mason Hospital.

NEW BRUNSWICK

MONCTON:

A meeting of the Local Chapter of the New Brunswick Association of Registered Nurses was held recently at which the nomination of executive officers took place. The Chapter entertained at a dinner dance in honour of the graduating class of the Moncton General Hospital on the night following the graduating exercises.

NOVA SCOTIA

HALIFAX:

The Alumnae Association of the Halifax Infirmary held a meeting recently at which the subject of the eight-hour day for nurses was fully discussed and the principle was unanimously endorsed. It was considered that it would be of benefit in an institution to the patient, the hospital and to the nurses themselves. Sister Catherine Gerard of the Infirmary nursing staff, gave a lecture on the recent advances in lavage technique, demonstrating the Wangensteen method, with the aid of one of the nurses, who volunteered as a subject. Considerable business was also transacted.

Miss Margaret MacLean (H. I.) has accepted a postion on the staff of the Hamilton Hospital, North Sydney. Miss Doris Gaudet (H. I., 1936) and Miss Mae Melanson (H. I., 1938) were recently appointed to the staff of the Dawson Memorial Hospital, Bridgewater, N. S.

HALIFAX:

Married: Recently, Miss Eleanor Grew (H. S. C., 1923) to Dr. T. B. Acker.

HIGH ACID-COMBINING POWER WITHOUT "ACID REBOUND"

The fact that Phillips' Milk of Magnesia effectively controls excess acidity and yet contains no carbonates or bicarbonates is assurance of a more lasting effect than that obtained when CO_2 is liberated in the stomach.

Where frequent antacid medication is required, Phillips' Milk of Magnesia Tablets offer the advantages of portability and convenience. Each tablet is equivalent to a teaspoonful of Phillips' Milk of Magnesia (liquid).

In this new convenient form the day's dosage may be carried about in purse or pocket, and regularity of dosage is therefore assured.

Dosage:

As an antacid: 2 to 4 teaspoonfuls (2 to 4 tablets).

As a gentle laxative: 4 to 8 teaspoonfuls (4 or more tablets).

We will send you professional package upon request.

PHILLIPS'
Milk of Magnesia

The Chas. H. Phillips Chemical Co.
Windsor, Ontario.

WANTED

Nurse with laboratory training and experience.

Apply, stating qualifications, to

The Superintendent,

St. Michael's General Hospital,
Lethbridge, Alta.

ONTARIO

Districts 2 and 3

Brantford:

Miss Hilda D. Muir has returned to the Brantford General Hospital after relieving for six weeks as one of the assistants in the operating room of the Post-Graduate Hospital, New York. Miss Dorothy Herson has returned from St. Joseph's Hospital, Phoenix, Arizona, where she had been doing general duty. At a meeting of the Alumnae Association of the Brantford General Hospital plans were formulated for the dinner and dance given in honour of the graduating class. Miss Lorene Raines was convener of the arrangements committee.

Owen Sound:

The district meeting of the Registered Nurses Association of Ontario took place at Owen Sound on June 22.

The Alumnae Association of the Owen Sound General and Marine Hospital met recently to hold their annual banquet commemorating the year the first nurses graduated from the Hospital—now thirty-five years ago. Two hundred and six names were called, outside graduates responding with the name of their schools. Miss Jean Masten, supervisor of the surgical wards in the Sick Children's Hospital, Toronto, spoke on the orthopedic work done in connection with the poliomyelitis epidemic in Ontario last year. Miss Sehl, the president of the Association, welcomed the guests and introduced Miss R. M. Beamish, the superintendent.

Miss J. Close (Owen Sound General and Marine Hospital, 1938) is taking a postgraduate course at the Royal Victoria Hospital, Montreal. Three undergraduate nurses of the Owen Sound General and Marine Hospital are taking affiliation work in pediatrics at Detroit.

Married: Recently, Miss A. Morrison (Owen Sound General and Marine Hospital, 1936) to Mr. Peddit.

Married: Recently, Miss R. Shipley (Owen Sound General and Marine Hospital, 1928) to Mr. Cation.

District 4

St. Catharines:

A series of six lectures in psychiatry was completed in June at the Leonard Nurses Home. The lectures were given by Dr. Brillinger of the Ontario Hospital, Hamilton.

The Alumnae Association of the Mack Training School entertained the graduating class at a dinner and dance in the Welland Home. The Association also sponsored a delightful bridge party recently. The guests were received by Miss A. Wright, superintendent of the Hospital, and Miss Nell Hodgins, president of the Alumnae Association.

District 5

Whitby:

A general meeting of District 5, R.N.A.O., was held recently at the Ontario Hospital, Whitby. Over one hundred nurses were present. Miss Sharp and her staff welcomed the guests. Following an interesting tour of the buildings, brief section meetings were held. Miss Irene Weirs, chairman of the district, presided at the evening session. In her opening remarks, Miss Weirs expressed the gratitude and appreciation of District 5 for the opportunity of coming to Whitby and for the kind hospitality. She also extended a cordial welcome to student nurses who were present, representing several of the schools for nurses within the district. Dr. D. R. Fletcher of the hospital, also welcomed the nurses and gave a brief talk, offering from his experience, some helpful and thought-provoking remarks on nursing.

"Mental hygiene aspects in the care of children with illness of long duration" was the subject of a most instructive discourse given by Dr. J. D. Griffin of the Hospital for Sick Children, Toronto. The occupational programme as planned and carried out for the post-polimyelitis cases was outlined in detail and illustrated by use of lantern slides.

The business of the meeting occupied the final part of the program, highlights of

which were, Miss Weirs' excellent report of the recent meeting of the R. N. A. O. at Kingston and the report of *The Canadian Nurse* exhibit, an achievement rendering much satisfaction to this district for the opportunity of sponsoring it.

TORONTO:

The graduation of the School of Nursing of the Hospital for Sick Children took place recently at Convocation Hall. Dean Riley gave the address and Mrs. R. Laidlaw presented the diplomas. Several entertainments were given in honour of the graduates including two dances, a dinner given by the Alumnae Association and a tea for the graduates and their mothers by the staff of the Hospital.

Miss Gladys Cooper (H. S. C., 1923) has accepted a position on the staff of the Galt General Hospital. Miss Winnifred Armstrong (H.S.C., 1935) has accepted a position at St. Mary's Hospital for Babies, Albany, N. Y.

Miss Isobel Cation (H.S.C., 1937) has been awarded the Florence Potts Scholarship given by the Alumnae Association of the Hospital for Sick Children.

Married: Recently, Miss Dorothy Pound (H.S.C., 1936) to Mr. Robert Leonard.

TORONTO:

A meeting of the Alumnae Association of the Toronto Western Hospital was held recently with a large number in attendance. Miss Gladys Sharpe presided. Following the business meeting two very fine addresses were given; one by Miss Weirs who spoke on the Registered Nurses Association of Ontario, and one by Miss Lenna Smith who gave an excellent report of the convention recently held in Kingston. The members of the graduating class were then introduced to the members of the Association and a social hour concluded the evening.

The graduating exercises of the School for Nurses, Toronto Western Hospital, were held recently at Convocation Hall. Following the invocation given by Rev. J. M. Crissall, a short address was given by Mr. A. Fasken, K. C. and Chairman of the Board of Governors. Miss Beatrice L. Ellis, superintendent of nurses, gave a report of the activities of the hospital and the merits of the graduating class. After an address given by His Honour, the Lieutenant Governor of Ontario, Mr. Albert Mathews, Mrs. Mathews presented the diplomas and pins to the graduates.

TORONTO:

The Alumnae Association of the Women's College Hospital gave a dinner in honour of the graduating class. The guest speaker of the evening was Miss Ziegler, who chose

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Jamieson: Illustrations of Regional Anatomy for Nurses $2.25

Hamilton General Hospital

The Golden Jubilee of the School of Nursing of the Hamilton General Hospital will take place in June, 1940. Will all graduates of this School kindly send their present addresses (and those of their classmates) to the Secretary of the Alumnae Association, in care of the Training School Office,

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- **Averill & Kempf**—"Psychology Applied to Nursing" 471 pages; 46 illus. $3.00
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as her subject, 'My duty as a citizen". This address was much appreciated and enjoyed.

District 6

BELLEVILLE:

At a recent meeting of Chapter A, District 6, Miss Fitzgerald gave an interesting talk on "The nurse's obligations to the R. N. A. O.."

PETERBOROUGH:

Chapter C. District 6, R. N. A. O., met recently at the Nicholls Hospital, and a lecture by Dr. Mitchell on the use of oxygen in the cardiac case was much appreciated. The lecture was illustrated by slides, showing different types of oxygen tents and appliances.

Miss E. Young and Miss L. Stewart have gone to England and Scotland for four months of post-graduate work. Miss Walsh, formerly assistant superintendent, Nicholls Hospital, is now superintendent in the Hospital at Renfrew.

LINDSAY:

Miss D. L. Baker has returned after a pleasant holiday in Scotland. A meeting of the Alumnae Association was held recently at which a report of the annual meeting of the R.N.A.O. was given by Miss A. Flett. Following the meeting Miss Anna Roache, a bride-elect, was tendered a miscellaneous shower and a delightful social hour was spent.

District 8

CORNWALL:

A general meeting of District 8, Registered Nurses Association of Ontario, was held recently at the Hotel Dieu Hospital, Cornwall, with 116 nurses present from Ottawa, Pembroke, Alexandria, Lancaster Hawkesbury, Cornwall and other nearby towns. Miss A. G. Tanner, chairman of District 8, presided and greetings were received from Miss M. Rowe, chairman of the Cornwall Chapter of District 8 and from Dr. Emard, Mayor of Cornwall. The luncheon at the Cornwallis Hotel was presided over by Miss Rowe. Dr. M. A. Kelly, on behalf of the Cornwall Medical Society and Mr. F. B. Brownridge, M. L. A., for the Cornwall hospitals, extended a hearty welcome.

Dr. Trenholm L. Fisher and Dr. T. Glen Stoddart, both of Ottawa, were the speakers of the meeting and their respective addresses on "The why of laboratory tests" and "X-ray examinations" were listened to with eager attention, the information imparted being of inestimable value and interest. The Sisters of the Hotel Dieu Hospital were

hostesses at a delightful tea at the close of the afternoon session.

CORNWALL:

A meeting of the registered nurses of Cornwall was held recently for the purpose of organizing a Chapter of District 8, R. N. A. O. There were fifty-four members present. Miss Grace Tanner, chairman of District 8, spoke about the organization in general and the benefits obtained through membership. Miss Jean Church, chairman of the Private Duty Section of the Canadian Nurses Association, gave a very interesting talk on private duty activities. Miss Daisy Lodge, assistant supervisor, Victorian Order of Nurses, Ottawa, spoke on public health activities. The following officers were elected: Chairman, Miss M. Rowe; vice-chairman, Miss L. MacDowell; secretary-treasurer, Miss C. Droppo. The members were entertained at tea by the Sisters of the Hotel Dieu Hospital.

PEMBROKE:

A chapter of District 8, R. N. A. O., was organized recently at Pembroke. The following officers were elected: Chairman, Miss S. Margaret Jamieson; vice-chairman, Sister Evangeline; secretary-treasurer, Miss E. Young, Miss Grace Tanner, chairman, District 8, R. N. A. O., gave an interesting talk, illustrated by charts, on the benefits and privileges of holding membership in the Registered Nurses Association of Ontario. Miss Gertrude Ferguson, Miss Daisy Lodge and Miss Mayme Downey also gave instructive addresses on various activities of the Association. An address, illustrated with slides taken during the Great War, was given by Mr. Ives, X-ray Technician. These photographs were secured by Mr. Ives while serving at Saloniki, and his illuminating talk vividly portrayed conditions as they were at that time.

OTTAWA:

The closing meeting of the Private Duty Group of District 8, R. N. A. O., was held in the form of a supper, with Miss Dorothy Ogilvie in the chair. There were seventy-three present. An interesting report of the recent meeting of the R. N. A. O. was given by Miss Gertrude Ferguson. Miss Estelle Desormeaux read a report of the activities of the private duty groups. Miss Mollie Black, of the Public Health Section, gave a most instructive paper on poliomyelitis in the home. Votes of thanks were moved by Miss Juliette Robert and Miss Grace Tanner. The opening fall meeting will be held in October.

A series of lectures on child psychology was given recently by Dr. W. E. Blatz of

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REGISTERED NURSES' ASSOCIATION OF BRITISH COLUMBIA

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An examination for the title and certificate of Registered Nurse of British Columbia, will be held September 12th, 13th, and 14th, 1938.
Names of candidates for this examination must be in the office of the Registrar not later than August 13th, 1938.

Full particulars may be obtained from:

HELEN RANDAL, R. N., REGISTRAR
520 Vancouver Block Vancouver, B. C.

Toronto. These lectures were under the auspices of the Nurse Education Group, District 8, R. N. A. O. The lectures were thoroughly enjoyed by all who were privileged to attend, and the undertaking proved a huge success.

OTTAWA:

The annual "At Home" of the Alumnae Association of the School of Nursing of the Ottawa Civic Hospital was held recently in the Nurses Residence. A large number of the graduates of the School were present.

The members of the graduating class of 1938 were entertained recently by the Alumnae Association of the Ottawa Civic Hospital. The Association also gave a dinner in their honour.

QUEBEC

MONTREAL:

The Montreal Association of the Metropolitan Life Insurance Company Nurses recently held a meeting with Miss S. Leduc presiding. She extended a hearty welcome to Miss Mary Johnson who is Assistant Director of the Nursing Division of the Metropolitan Life Insurance Company at its head office in New York. Miss Johnson spoke briefly on the nurse's scale of rating and Miss H. Beaudet gave an interesting address on nutrition. A résumé of activities for the past year showed how much the nurses have done outside of their regular work. Time has also been given to sports such as tennis and golf, so it is quite apparent that the Metropolitan Nurses are up-to-date and believe in staying young. Before closing the meeting, Miss Johnson presented a medal to Miss H. Beaudet for her fifteen years of faithful service to the Company. Her fellow nurses presented her with a souvenir of the happy occasion, which closed with the singing of "Elle a gagné ses épaulettes."

MONTREAL:

On May 29, the nursing staff of the Royal Victoria Hospital gave a farewell tea for Miss Hersey. About one hundred and fifty guests were present. The tea table was decorated attractively with pink roses and snap dragons. In the centre of the table was placed a large cake with thirty lighted candles, one for each year of Miss Hersey's term of office. Receiving with Miss Hersey were Miss G. Martin and Miss E. Allder.

Married: Recently, Miss Cicely Jack (R. V. H., 1938) to Mr. George Mitchell.

Married: Recently, Miss Phyllis MacFarlane (R. V. H., 1930) to Mr. John Brown.

Married: Recently, Miss Catherine M. Macdonald (R. V. H., 1937) to Mr. John MacAskill.

Married: Miss Isobel Turnbull (R. V. H., 1934) to Mr. J. Chittick.

MONTREAL:

Miss Evelyne Gauvin, Reg. N., has been chosen as a delegate of the Alumnae Association of the Notre-Dame Hospital to the Biennial Meeting of the Canadian Nurses Association in Halifax.

MONTREAL:

On June 7, the President of the Montreal General Hospital, Mr. J. C. Newman, presented forty-seven nurses with their medals and diplomas. Dr. S. Hanford McKee gave an inspiring address to the graduating class. On the evening previous to graduation, the members of the graduating class attended a dinner given in their honor by the Alumnae Association of the Montreal General Hospital. Among the guests at the head table was Miss C. Walker of the London Hospital, England. Miss Mary Mathewson, president of the Alumnae Association, proposed the toast to the King and gave the address of welcome to the young graduates. Miss B. Burch toasted the graduating class and Miss Mary Waller responded. Miss Carol Neal (Spring, 1938) and Miss Helen L. McElhanney (Autumn, 1938) gave the class prophecy. Miss Margaret Denniston proposed the toast to "Our Doctors", and Miss W. Cooke to absent friends.

Miss Agnes Tennant (M.G.H., 1934) received the Bachelor of Arts degree combined with a certificate for teaching in schools of

(Continued on page 392)

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Nova Scotia: (1) Miss Marion Haliburton, 40 South St., Halifax; (2) Miss K. Jamer, Victoria General Hospital, Halifax; (3) Miss A. Slattery, Windsor; (4) Miss Anna Brennan, 53 Pine St., Dartmouth.

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District 9

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District 10

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Prince Edward Island Registered Nurses Association

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QUEBEC

Association of Registered Nurses of the Province of Quebec (Incorporated, 1920)

Advisory Board: Misses Mabel F. Hersey, Jean S. Wilson, Marion Lindeburgh, Rév. Soeur Godefroy d'Amiens, Rév. Soeur M. Gauthier, Mlle Marguerite Taschereau, President, Miss Margaret L. Moag; Vice-President (English), Miss Eileen C. Flanagan; Vice-President (French), Rév. Soeur Valérie de la Sagesse; Honorary Secretary, Mlle Suzanne Giroux; Honorary Treasurer, Miss C. M. Ferguson; *Members without Office*: Misses Mabel K. Holt, Marion E. Nash, Mlles Marie Roy, Juliette Trudel, Alice Albert; *Conveners of Sections*: *Private Duty* (English), to be appointed; *Private Duty* (French), Mlle Lucienne Daoust, 261-5eme avenue, Verdun; *Nursing Education* (English), Miss Martha Batson, The Montreal General Hospital; *Nursing Education* (French), Rév. Soeur Marleau, Hôpital Notre-Dame, Montréal; *Public Health* (bi-lingual), Miss Ann Peverley, Department of Health, City of Westmount; *Board of Examiners*: Miss Olga V. Lilly (convener), Royal Victoria Montreal Maternity Hospital, Misses Flora Aileen George, K. L. Annesley, Katherine MacLennan, Mesdemoiselles M. Anysie Déland, Alexina Marchessault, A. Rita Guimont; Executive Secretary, Registrar and Official School Visitor, Miss E. Frances Upton, Room 1019, Medical Arts Buildings, 1538 Sherbrooke St. W., Montreal.

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Saskatchewan Registered Nurses Association (Incorporated, 1917)

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Regina Registered Nurses Association

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Associations of Graduate Nurses

Overseas Nursing Sisters Association of Canada

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Calgary Association of Graduate Nurses

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BRITISH COLUMBIA

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MANITOBA

Brandon Graduate Nurses Association

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QUEBEC

Montreal Graduate Nurses Association

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Alumnae Associations

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A.A., Royal Jubilee Hospital, Victoria

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ONTARIO

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A.A., St. Joseph's Hospital, London

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A.A., Lady Stanley Institute (Incorporated 1918) Ottawa

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A.A., Ottawa Civic Hospital, Ottawa

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A.A., Ottawa General Hospital, Ottawa

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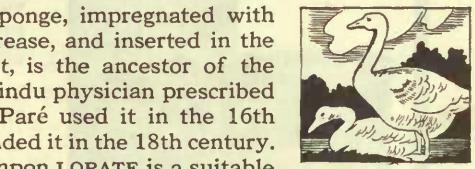

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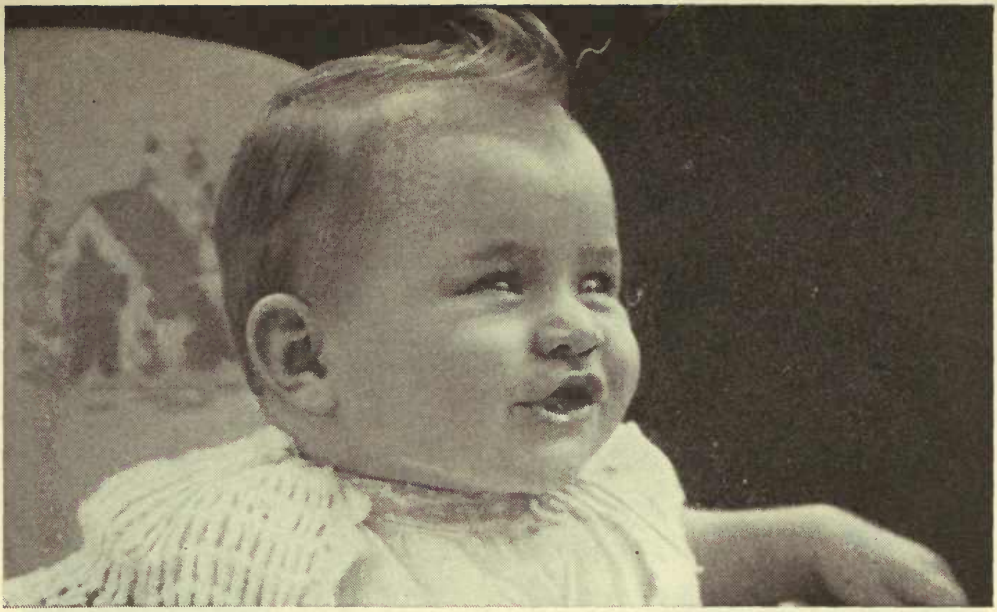

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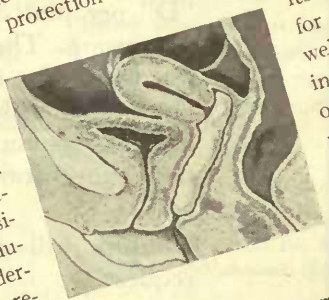

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PUBLISHED BY THE CANADIAN NURSES ASSOCIATION

VOLUME THIRTY-FOUR NUMBER EIGHT

AUGUST, 1938

Unity and Action

First let it be made clear that no attempt will here be made to give an exhaustive report of the Biennial Meeting of the Canadian Nurses Association, which was recently held in Halifax. That must be left for the September issue of the *Journal* which will contain full details concerning official actions and recommendations as well as the full text of many of the reports and the various addresses. Under the shadow of an inexorable and rapidly approaching "deadline" all we can do is to try to recapture something of the quite extraordinary spirit of enthusiasm and good will which animated every session. Clear thinking led to the frank and courageous expression of opinions which, differing sharply in the method of approach, nevertheless demonstrated the fundamental unity of purpose upon which the Canadian Nurses Association is now firmly established.

There was certainly not any lack of controversial issues and a glance at the official programme will indicate the diversity of the interests and the wide scope of the activities of the Association. Foremost among these was the proposed plan for Dominion Registration of Nurses which, while it was not accepted, showed during the process of debate, that its principles are still valid, and that this initial defeat is really a first step toward ultimate realization when the time is ripe. The report of the Florence Nightingale Memorial Committee of the Canadian Nurses Association gave rise to a lively discussion and, after light had been shed on some of its implications, hearty and unanimous support was pledged to the enterprise.

The session devoted to a symposium concerning the application of the Proposed Curriculum for Schools of Nursing in Canada proved to be extremely stimulating. The progress report, presented by the chairman of the National Curriculum Committee, Miss Marion Lindeburgh, was in itself conclusive evidence that the Curriculum has already become a dynamic force in

nursing education in Canada. The spiritual significance underlying its philosophy was touched upon by Miss E. Kathleen Russell with such quiet dignity and profound understanding that everyone who heard her was deeply moved. The administrative aspects of the question were discussed by the most eminent authority in Canada. Yes, you are right in supposing that she is, of course, Miss Jean I. Gunn. The topic of classroom and clinical experience was most ably handled by Miss Anne S. Cavers and, if there was any lingering doubt that public health is now an integral part of nursing education, Miss Esther Lewis proceeded to dispel it in no uncertain fashion.

To be able to hold the close attention of a large audience at the end of a crowded session is no small achievement,

Ruby M. Simpson, O. B. E.

and yet that is just what Miss Russell did when she told the Story of a Very Young School. The greatest tribute which can be paid to the Curriculum is to say that its more revolutionary recommendations are already being carried out effectively in terms of action. If proof be needed, the Very Young School stands ready to provide it.

We can remember a time when long and dull reports, submitted by the nine provincial units of the Canadian Nurses Association were given decent burial by being "taken as read". At this Biennial Meeting each of the Provinces answered the roll call with a brief but convincing summary of tangible accomplishments. Each of these reports reflected not only the general trend of progress but was also subtly characteristic of the Province from which it came. It was good to listen while British Columbia talked to Quebec, and Manitoba to Ontario.

Old stagers who have attended many Biennial Meetings noted one very significant trend. (We hate the word, but there it is!) This time there was not the sense of unreality which sometimes pervades our deliberations. It is significant that special emphasis was laid by our leaders in education upon the shortening of the working day of the student nurse rather than upon the techniques of curriculum building. The importance of adhering to sound business principles in the management of the *Journal* was frankly admitted. One of the best attended sessions was that devoted to a consideration of economic security for nurses. Clear and informative expositions of many aspects of the problem were given by experts in the insurance field and Miss Kathleen W. Ellis and Miss Jean S. Wilson applied these underlying principles to the nursing situation. Discussion was animated and was admirably summed up by Miss

Mary S. Mathewson. In thus recognizing physical and economic values, we are advancing our professional and educational interests in a sane and practical manner.

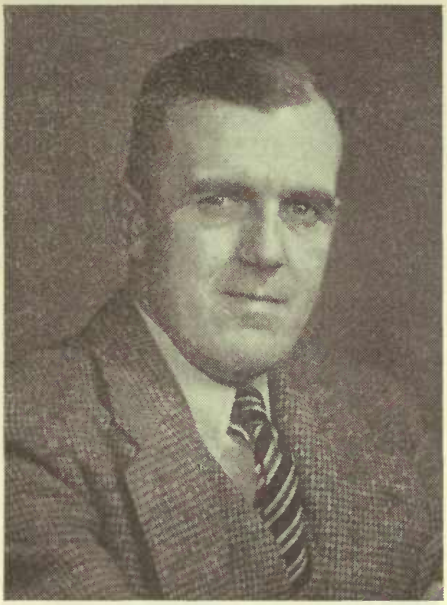
Throughout the whole week, there was a distinct sense of dramatic values. The banquet on the first night began with the skirl of the bagpipes. Down the grand staircase the pipers came with kilts flying, and after them trooped the guests. Very grand they looked, too. The members of the Canadian Nurses Association know how to dress. Upon this occasion the welcome of the Province of Nova Scotia was graciously extended by its Premier, the Honorable Angus L. Macdonald, and the Mayor of Halifax, Mr. Walter Mitchell, greeted the Association on behalf of the city. The speaker of the evening was the Reverend M. M. Coady, Ph. D., director of the Extension Department of St. Francis Xavier University, Antigonish. His topic was "Educating the Masses" and, in the course of an eloquent address, he conveyed to his audience much of the educational philosophy and the burning faith which are the driving forces behind the far-reaching social experiment which is now being carried on over a whole countryside.

The Lieutenant-Governor of the Province of Nova Scotia and Mrs. Irwin graciously received the President and the members of the Executive Committee of the Association at a tea held at Government House. Later in the week the Government of the Province of Nova Scotia entertained all delegates at the Nova Scotia Hospital, in Dartmouth.

The high point of the whole Meeting was reached on the last evening which was marked by the ceremonial in connection with the award of the Mary Agnes Snively Medals to Jean E. Browne, Elizabeth L. Smellie, C.B.E., R.R.C., and Jean S. Wilson. Heralded by organ music, the procession took its place upon the platform. The Canadian Nurses Association had, upon this occasion, the signal honour of having as its guest the President of the International Council of Nurses, Miss Effie J. Taylor, Dean of the School of Nursing of Yale University. Her address, "Nursing, a Profession and a Service", had a nobility and sincerity which are characteristic of the woman herself. It was prefaced by a moving reference to her affection for the land of her birth.

Effie J. Taylor

As might have been expected, Dr. H. B. Atlee, of Halifax, swept the audience off its feet. Deliberately and audaciously provocative, he riddled all our cherished educational traditions with his barbed wit. Yet in the same breath, he gave us a vision of what we might become if only we had the courage to direct our



Dr. H. B. Atlee

own destiny. We shudder to think what might happen to Dr. Atlee if he spoke thus at a joint meeting of the Canadian Hospital Council and the Canadian Medical Association. And yet we cherish a stubborn conviction that some day he will do so—and that they will listen to him because they won't be able to help it.

Before making the Award of the Snively Medals, the president of the Canadian Nurses Association delivered an Oration on the life and work of Mary Agnes Snively, the full text of which appears in this issue of the *Journal*. Each of the recipients acknowledged the honour conferred upon them in a few well chosen words. At this point we cannot refrain from a personal comment. We darkly suspect that Miss Simpson, Miss Fairley, Miss Haliburton, the recipients of the medals, and even Miss Taylor herself entered into collusion with respect to their choice of evening gowns. Seldom have we seen a more harmonious blending of lovely colours.

As soon as the ceremony was over, the audience streamed out into the reception rooms where they were the guests of the Halifax Chapter of the Registered Nurses Association of Nova Scotia and the Alumnae Associations of the Schools of Nursing in Halifax. An aisle was formed through which there came three Highland Dancers and their Piper. With the kind permission of the Antigonish Highland Society, the oldest Scottish Association in Canada, these very young people had come to grace the festivities. How was it made possible for them to come so far? Because the Antigonish branch of the Registered Nurses Association of Nova Scotia put its shoulder to the wheel in the common cause and this is how the dancers were introduced to the audience by Miss Rachel Chisholm, a member of the Branch:

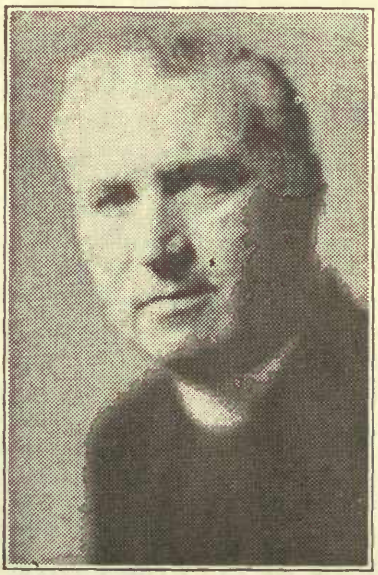
> Tonight we bring from New Scotland the dances of Old Scotland, piped by a Mac Leod from Skye, and danced by the Mac Donalds of Clan Ranald, and a MacGillivray of the Scottish Clan of that name.

Then the twinkling feet swept into the rhythm of the Sword Dance and the Highland Fling, blown lustily upon the pipes by a MacLeod from Skye.

In looking back upon this Biennial Meeting we might do well to examine the principal factors which made for its amazing success. To one participant it seemed that there were four. There was the deep conviction of the importance of spiritual values; there was clear and fearless thinking, as evidenced by the quality of the debates; there was superb leadership given by the presiding officer, Ruby M. Simpson. Last but not least, there was the subtle influence of environment—the *genius loci,* the spirit of the place.

Throughout this article, reference has repeatedly been made to the first two factors and we turn now to that of leadership. It has been said that a conductor like Toscanini not only makes the members of his orchestra play better than they thought they could play, but that he brings to the music itself a melody and fire that neither composer nor musicians knew were there. The leadership, given in her presidential capacity, by Ruby M. Simpson, was in this category. Such mastery is not achieved by chance but springs from patient study and hard thinking. In this issue will be found the text of Miss Simpson's presidential address, entitled "Thirty years of growth". When the history of those eventful years in the life of the Canadian Nurses Association comes to be recorded, the pages 1934 to 1938 will make good reading. Miss Simpson herself has written them.

There remains the Spirit of the Place. When we escaped from our "air-conditioned" car and felt the touch of the wet sea wind, we knew that it was



Rev. M. M. Coady

Marion Haliburton

good to be there—to quote Miss Kate Brighty's unforgettable phrase: "I *like* your mist and your rain." In the Province of Nova Scotia, as in the country at large, we were fortunate in the provincial presiding officer and official hostess, Marion Haliburton. She bears, with characteristic nonchalance, the name of one of the most distinguished families in Canada. True to its tradition she played her part with dignity and with humour. Throughout a trying week she never appeared either flustered or unduly elated. We never heard her raise her voice. The last glimpse we had of her was on the steps of her home. The Biennial Meeting had come, and it had gone. Nova Scotia (and the Haliburtons) were still there—cool, quiet, but with a quality all their own which is the spirit of the place.

Late on Sunday evening, when everything was all over, we looked out from our high window over the Harbour. A ship in port had been flying the "Blue Peter" as a sign that she was ready to sail. Even while we watched, the flag fluttered gently down and she made for the open sea. E.J.

During the first week of June, the School of Nursing of the Winnipeg General Hospital celebrated its Golden Jubilee. Graduates from far and near met to renew old friendships and to plan ways and means whereby they might help their School to maintain and strengthen its honorable tradition. Receptions, dinners, luncheons, teas, filled a gay and crowded week. A moving and beautiful pageant, staged under the able direction of Mrs. Rex Waldie, crowded one of Winnipeg's largest theatres to the doors. A mass meeting of the Alumnae Association was held at which its first president Miss Ethel Gilroy addressed the members. Two members of the first graduating class, Miss E. Birtles, O.B.E., and Mrs. Mould, took a lively part in all the various functions. Two graduates of the School, Mrs. A. W. Moody and Miss Mabel F. Gray, both of whom have rendered distinguished service to the W.G.H. in the capacity of superintendent of nurses, were warmly greeted by their former pupils. The President of the Canadian Nurses Association, Miss Ruby Simpson, O.B.E., gave a most inspiring address to the seventy members of the class of 1938 at the graduating exercises which closed the celebrations. Mr. H. E. Sellers, chairman of the Board of Directors, who presided at this function displayed an excellent understanding of the aims and value of the School. The Winnipeg General Hospital kept open house throughout the week and by means of its generous hospitality made everyone feel they had really come home. The general superintendent, Dr. G. F. Stephens, and the superintendent of nurses, Miss Catherine M. Lynch, left nothing undone which would add to the happiness of their many guests.

The president of the Alumnae Association, Mrs. J. W. Briggs, deserves the highest praise for planning and successfully carrying out a project which involved so much time and effort. She was ably seconded by the convener of the special Jubilee Committee, Miss Pearl Brownell, and by the following members of the Association: Mrs. J. F. Morrison, Miss R. Dickie, Miss E. Parker, Miss C. Lethbridge, Mrs. J. A. Davidson, Mrs. W. G Beaton, Miss M. R. McClung, Miss T. Wiggins, Miss C. Lynch, Miss G. Hall, Miss E. Wilson, Miss E. Gilroy, Miss Lillian Warner.

A SHORT TALE

I would I were beneath a tree
A-sleeping in the shade;
With all the bills I've got to pay,
Paid!

I would I were on yonder hill
A-baking in the sun;
With all the work I've got to do,
Done!

Thirty Years of Growth

RUBY M. SIMPSON, O.B.E.
President, The Canadian Nurses Association, 1934-1938

In this year of 1938 the Canadian Nurses Association arrives at its thirtieth birthday. It may be that there is a significance in this event which we should be well advised to contemplate. This anniversary looms large with importance in the mind of the individual, indicating as it does a settling in to the more mature years of life for which real youth has been a preparation. Such an age is neither young nor old, but that most satisfactory period when selective powers make possible the maximum of effort with the minimum show of strain but with the peak of results in both the quantity and quality of accomplishment. The life of an Association follows pretty much the same line as that of an individual. After the strenuous years of endeavour which have marked the organization period, there comes the time when the relatively level plateau of early maturity is reached, a time which psychologists suggest should bring almost undreamt of achievement if foundations have been solidly laid in the early years. It is essential, therefore, that we should examine and evaluate the past if we would know what the future may have in store.

In relating the life-story of a country, modern historians do not deal with dates and figures and isolated events. Rather they begin the record with the personal achievements of individuals. Then, the contribution made by the influence of the achievements of these individuals on other figures of their day. Finally, the cumulative effect of the pioneer efforts of all individuals, resulting in the grouping of co-ordinate and associate effort toward formal organization or government.

The history of nursing may be told in close parallel with the history of the country. The personal achievements of such women as Miss Snively, Miss Livingstone, Miss Stanley and the Superiors of the several religious orders, in their work in their own Schools, the influence of these achievements on those responsible for nursing care in that day and finally the bringing together of all groups so influenced to make an organization. Thus did our Association come into being. Its history forms an interesting story.

As we proceed to the review we are conscious that the task would be simpler if divisions of time might be so arranged as to fall into periods of equal length. Unfortunately this does not often occur and achievements can rarely be set into the biennium, quadrennium or even decade of our choice. True, there are time divisions but they fall as they will. They are not difficult to distinguish since certain intervals or progressions stand out prominently in each.

The actual grouping or welding of Canadian nurses into one unit was a slow process and many and complicated were the factors involved in it. To develop a national professional understanding and viewpoint among the members of a young and struggling profession was no small task. Out of the welter of differences of location, training, race and language, in Provincial, Alumnae and an assortment of other groups, each with its own particular problem and at a time when events were moving almost too rapidly to be followed, a united group must emerge. They were strenuous, the fifteen years which came after the

founding of the Canadian Nurses Association. Provinces were zealously striving for recognition; Registration Acts were passed. A diversity of subjects, relevant and irrelevant claimed attention: committees were set up. The educational needs of students and graduates pressed hard upon all: a Nursing Education Association was formed. Public health nursing grew apace, group needs were emphasized: Sections were formed. A means of communication became a necessity: an official Journal was acquired. A world war crashed everything before it and reconstruction at its close brought problems for the solution of which there was no precedent. Distances were great, funds were limited and close contacts between provinces were rare. But steadily and slowly the task went on toward one ultimate objective: to stand together for the greatest good to the greatest number. Qualities of determination, of patience, forbearance and statesmanship were required and they were found in abundance in the leaders of the day. Gradually these qualities were reflected in affiliated organizations and a unity of spirit became dimly discernible. The need for a common centre through which united expression might be possible grew more and more urgent. In 1923 a National Office was established. *The first interval was reached.*

This achievement did not in any way indicate a tendency toward cessation of effort. National understanding, fostered by the new Office and with that Office as a central point of contact, cleared the way for progress planned in the latter years of the first period. The next nine years were characterized by study and research, by a constant sifting to find realities common and important to all, with committees working seriously and persistently toward the clarification of professional ideals. Notable achievements followed. The Journal was centralized. The Association's name was simplified. The nurse education group voluntarily gave up its entity as a separate organization and became a part of the whole. Sections flourished. A splendid Memorial was erected in the National Hall of Fame to the memory of nurses great and brave in war. Names were listed for emergency service. Heavy international responsibilities were assumed. Dual membership was discontinued. Out of it all came a growing, pressing need, fostered by the now well developed unity of purpose—to know more of ourselves, to be certain that effort was being advantageously directed. Leaders were courageous and a bold step was taken. A Study under educational direction was authorized. The report of the Survey of Nursing Education in Canada was published in 1932. *The second interval was reached.*

Then followed a two-year pause for serious study of the Survey Report. Committees prepared thoughtfully for implementing the Survey recommendations. The preparation of a national Curriculum for Schools of Nursing was begun. Participation in world Councils deepened. Members were exchanged with other countries. Many important topics required general attention. The official Journal took on new and added significance as more and more an adequate means of communication between affiliated units became a need. Skilled direction was required. A full time Editor and Business Manager was appointed *The third interval was reached.* The period closed with the celebration of the Silver Jubilee, a demonstration of the national understanding and sympathy which had grown with the years.

Next a four-year effort to produce action from the results of the serious study of the preceding period. Work on the Curriculum continued with all

groups participating. The editor's appointment was made permanent. A Plan for Dominion Registration of Nurses was studied. Registries were developed and their functions elaborated to strengthen community responsibility. Section emphasis was lessened and the preparation of the nurse stood out as of paramount importance to all. The Proposed Curriculum was presented and accepted for experimental use over a stated period. *The fourth interval was reached.*

Then active plans for more adequate nursing service to the community, a departure from the professional concentration of earlier years. Working in conjunction with a national visiting nursing organization, community responsibility was accepted, financial assistance provided and a Community Nursing Service Bureau authorized. *The fifth interval was reached* and with it the thirtieth anniversary of organization.

Concentrated effort toward professional centralization, self-criticism and appraisal, an official means of communication, a definite educational programme, a co-operative plan for community service—these are the trends seen through the years which mark the intervals of varying length in our struggle up the long, steep hill we have climbed. Given the inspiration, the devotion and the courage of the past their influence on the future is clear.

Already we are in the throes of plans and projects which when carried to completion must lead to the achievements which we are justified in anticipating as we travel this level plateau of early maturity which has now been reached. You will hear full detail of such projects in the various Committee reports and in the discussions to follow. There are certain points, however, which are of such importance that particular comment is warranted at this juncture. The first of these is *The Canadian Nurse.*

Our official Journal was a direct response to a felt need. Unity of purpose, unity of understanding, unity of effort are impossible without an easily available means of communication. The newspaper revolutionized the world. Modern life provides no more adequate instrument for exchange of thought than a publication which appears at regular stated intervals. *The Canadian Nurse* has been a real power in the Association's progress and it has itself, shown consistent improvement. Not only has the *Journal* paid its own way during the past two years but its content has improved to the extent that its value to each member of the profession has been greatly enhanced. There are aspects of the situation, however, which must be of considerable concern to all of us. Only about 25 percent of our members were included in the 1937 circulation list. Active campaigns increase the list but "failures-to-renew" keep it always at a low level, a fact which is a constant source of discouragement. The editor cites in her report certain reasons which have been stated for non-renewal. Are they all *reasons* or are some of them *excuses?* She cites as well certain suggestions for overcoming the difficulty. The Association should give most careful thought to the whole of the report. It will merit close study and should lead to action. The *Journal* is our major responsibility, our one business venture. Is it possible that we have been dilatory in applying to it the methods of modern business? Should we increase our investment in order that the return should be greater in professional value? Has the time arrived when the *Journal* should be included with memberships? What is the safety level for circulation? These are questions which must be frankly faced if the

function of the *Journal*, now so well and so firmly established, is to be developed to the fullest extent of its possibilities.

Dominion Registration for Nurses

Too much cannot be said of the time and effort which the Committee in Dominion Registration for Nurses has put into its work in the past two years. This is especially true of the Convener, who has travelled extensively to address meetings and has carried on a voluminous correspondence in order that Provincial units might be thoroughly informed concerning the subject. We have now had four years for serious study of the Plan. There seems no good reason for further delay in decision which it is confidently expected will be made with no thought in mind but the ultimate advancement of the whole Canadian profession.

Florence Nightingale International Foundation

The assumption of international responsibilities began with the organization of our Association—in fact its organization was hastened in order that we might have a share in international affairs. That this responsibility has been accepted was quite apparent at the Congress in London in July of last year when the opinion of prominent Canadian nurses of experience was eagerly sought and unquestioningly accepted. The Florence Nightingale International Foundation is meeting a need in providing facilities for advanced education for nurses. Miss Jean Gunn of Canada is a Vice-President. The representatives of the International Council of Nurses on the Board of Management, as appointed in 1937, inelude nurse educators of international reputation, all in active work. It would appear, therefore, that continued improvement in the courses may be expected. The Canadian Nurses Association has to date met its committed obligations to the Foundation. At this meeting a decision must be made regarding future financial support as a pledge of continued international responsibility. The spirit of the members of the Foundation, in meeting in London, was that of eagerness to participate in the development of this memorial to Miss Nightingale and of optimism as to its future.

The Curriculum

The Proposed Curriculum for Schools of Nursing in Canada has been given two years of experimental use and is now returned for comment and criticism. The session at which it will be presented has been carefully planned and will be eagerly anticipated.

Nursing education has made real progress in the past two years and important announcements have been made from every province. Refresher courses and institutes have become the rule rather than the exception with the attendance in every case far beyond expectation. Saskatchewan has appointed a School of Nursing Advisor. Nova Scotia, New Brunswick and Manitoba have carried out a survey of their Schools as a prelude to regular inspection. Alberta has continued its Inspection Committee with the Director of the University School as the nurse member. Manitoba University has recognized the need for advanced nursing education and has included a summer course for nurses in its 1938 plans. The University of Saskatchewan has announced a degree Course in Nursing, to begin with the autumn term of this year. The School for Graduate Nurses at McGill University has been continued under University control and has been renamed. In its 1938-39 Calendar it appears as The School of Nursing of McGill University. The University of British Co-

lumbia had added a field service organizer and supervisor to the staff of its Department of Nursing. The Registered Nurses Association of British Columbia reports a very satisfactory plan of affiliation with mental hospitals and also representation on a committee named by the Government to conduct a study in relation to nursing conditions in hospitals. The University of Toronto School of Nursing has continued after completion of its first five years and most interesting reports are available. In this carefully controlled experiment of a School of Nursing apart from a Hospital there may be the beginning of a new era. All such announcements are a source of keen gratification to all, but particularly to those who have been actively associated with the work of nursing education. The trend toward adequate preparation, seen from our very beginning, continues and is a tribute to the energetic and enthusiastic nurses who have promoted it.

Community Nursing Service Bureaux

Committees concerned with our newest project in Community Nursing Service Bureaux have been very active throughout the term as reports will indicate. Provincial and local Registries have been developed and improved service has resulted. The Montreal Nursing Bureau has done an excellent piece of pioneer work and much credit is due its fine Committee. The report, published after one year of organization, is a most interesting document and will provide valuable information for other centres attempting a similar experiment. The Manitoba Registry, too, has achieved wonders and now lists subsidiary workers as well as graduates and provides all types of service. Its committee has been fortunate in that they have shown a financial surplus at the end of their first year.

We had hoped that the Bureau in Moose Jaw, Saskatchewan, would be in actual operation before this time but it seemed wise to make haste slowly in order that there might be no doubt whatever as to the stability of the foundation on which it was built. That there will be many problems in connection with it, is quite well known but we are young enough yet to refuse to recognize problems as obstacles. That the Bureau should fulfil its function and lead to a better understanding between the nurse and the community, through the acceptance of preferred service, is the real concern. The sympathetic understanding and amity which have characterized the contact between the Victorian Order of Nurses for Canada and the Canadian Nurses Association in this co-operative effort have been gratifying, to say the least. A voluntary organization with many years of successful service to the public to its credit, it has been not only willing but eager to share in this new enterprise and to allow us to benefit from its wealth of experience.

New Interests

As will be noted, the programme for this General Meeting has been built around the major projects to which we are already committed or are likely to be in the near future. Already new and varied interests and responsibilities are crowding for attention. What of research in nursing? Should we have a place in the National Research Council under the Committee recently appointed for medical research work? What of our attitude to Schools of Nursing separate from Hospitals? There is no question as to our interest but what of our responsibility? If educational progress is to continue, the experimentation is essential. Would additional professional support add weight to its success? What of our National Office, the first of ur-

gently felt needs and the first important achievement? Is there further development which might increase its usefulness to the Provincial Associations? What of a Placement Service through National Office? Is it a need and could it be met? This is a matter which is engaging the earnest attention of Headquarters in the American Nurses Association. Already the question is being raised in Canada. Perhaps this is to be our next big venture.

So as the years go on we may hope to see a continuance of the trends and influences which have marked our history: professional unity and understanding through centralization, the habit of self-criticism and appraisal; the development of our official *Journal* as a continued means of communication; a growing, changing educational programme; a willingness to make a real effort to improve our service to the community; a desire to stand with other countries in contributing to world progress in nursing. New interests, new emphasis, new obligations will continually arise to meet the need of the changing times but outcomes will differ only in degree and in expression. Our foundations are sound and will hold. We advance into maturity with aims and objectives clearly defined, a natural growth of the principles on which our Association was founded in that October of 1908, a direct result of the influence of the achievements of the devoted pioneer nurses of the day, under the inspired leadership of Mary Agnes Snively. Even as they kept the faith we in our generation shall, to the utmost of our ability, do the same.

Editor's Note

This article is the text of the Presidential Address delivered on July 5, 1938, before the Biennial Meeting of the Canadian Nurses Association in Halifax, N. S.

WHEEL OF FORTUNE

Considerable excitement prevailed at the Biennial Meeting of the C. N. A. when announcement was made of the winners of the prizes awarded by the Canada Starch Company. We regret to say that these awards were evidently not based on merit. If they had been we should have been among the favoured few. They just went, by blind luck, to these fortunate ladies: First prize: Miss E. K. Warner, Camp Hill Hospital, Halifax. Other winners were: Miss Blanche G. Herman, Montreal General Hospital (Western Division); Miss Maud L. Carter, V.O.N., Halifax; Miss Mathilda E. Fitzgerald, Toronto; Miss Marie Grant, Halifax; Miss Margaret Hoy, Windsor, Ont.; Miss Petronila Schurter, Mildmay, Ont. The fact that so many persons from "the Maritimes "were among the winners seems to us to be of sinister significance. No use telling us that Miss Blanche Herman belongs to Montreal. She is from "the Maritimes"—and proud of it. That makes *four of them.*

Courtesy of The Canada Starch Company.

The Blue Ocean Network

This graphic account of the tour of Halifax harbour was written by Edith McDowell, of Winnipeg, and Katherine MacLennan, of Montreal. The authors have quoted freely from the admirable script prepared by Claire Harris MacIntosh, of Halifax.—EDITOR.

To the stirring strains of "Rule Britannia" and the throbbing of engines, we went on board the Canadian Government steamship, *Lady Laurier* for one of the most thrilling events of our visit in Halifax—a tour of the famous Harbour. Although it was a glorious summer evening, for a few moments we were a little apprehensive as we experienced a dull feeling in the region of the frontal lobes and something quite indescribable that was referable to the region under the diaphragm—perhaps the solar plexus—but there was too much gaiety on board to even consider the possibility of not being seaworthy.

With the aid of an amplifier, an unseen guide who introduced himself as "Station C.N.A., broadcasting on choppy wave length, over the Blue Ocean Network", made sure that we missed none of the historic points of interest. We learned later that the script was the work of Claire Harris MacIntosh, a well known poet and author whose fame has gone far beyond the confines of the Maritimes. Incidentally, she is also the wife of the medical superintendent of the Victoria General Hospital, Dr. MacIntosh, who himself displayed such lively interest in our Biennial Meeting.

Sailing toward Bedford Basin, we

saw the star-shaped Citadel with its old clock tower, marking the hours both stormy and calm, as it has done ever since it was erected by the Duke of Kent in 1802. Surely no hours were more tense than those during the Great War when transport ships, in grotesque disguise, sought a hiding place in these calm waters. Then, as we passed through the Narrows, with the surrounding beauty of quiet hills, our guide reminded us that in 1917 this very spot had witnessed the dreadful tragedy of the Halifax explosion.

In this swiftly moving scene of sunlight and white sails—here and there a sea gull flashing its wings in the sun —the *Prince David* lay moored close to the farther shore, a deserted vessel that once knew the open sea.

Aberdeen Hospital Choral Group

Now into Bedford Basin, five miles in length and more than three miles in width, from which a hundred thousand American soldiers sailed during the Great War. The "fleets of iron" have slipped into the past and nothing of them remains as a reminder of those anxious days yet the Basin has known its days of gaiety, too. A time there was when the Duke of Kent, later the father of Queen Victoria, had a lovely residence on the north shore of the Basin. The wooded park for miles around shaded many pathways designed by him after the letters of the alphabet. The little band-stand which he erected still holds its position on a knoll close to the shore as a mute reminder of the music and gaiety of an earlier day.

We were thus lost in musings and it seemed that fancy was playing us one of her little tricks when the strains of "O Canada" floated across the water. But no, grouped around a piano in the well-deck stood the Choral Group of students nurses from the Aberdeen Hospital, New Glasgow, their spotless uniforms and scarlet-lined capes making a unique contrast to the gay summer dresses of our party. They had come especially to add their vocal talent to our cup of pleasure—sea chanties, French folk songs, and hymns. Never shall we forget "Steal Away" as the clear young voices rose and fell on the breeze. The superintendent of the Aberdeen Hospital, Miss Marion Boa, did not disclose just how she had arranged to relieve these nurses from duty, but we were told that she is such an able administrator that she just takes these things in her stride.

As we enjoyed a delightful supper, we moved out of the Basin and around the North West Arm. The throb of the engines had ceased and we drifted

Courtesy of The Canada Starch Company.

gently in a calm bay. Gaily coloured canoes glided silently past us with only the dip of their paddles breaking the silence, then, the purr of the engines once more and the *Lady Laurier* turned homeward while the fir trees on the farther shore seemed to creep closer as though to bid us a whispered goodbye. "Station C.N.A., of the Blue Ocean Network" was almost ready to sign off.

Its final words were the lines written by Rudyard Kipling in honour of Halifax:

Into the mist my guardian prows put forth,

Behind the mist my virgin ramparts lie,

The warden of the Honour of the North,

Sleepless and veiled am I.

CHURCH BELLS

In connection with the Biennial Meeting of the Canadian Nurses Association, special services were arranged by two of the churches in Halifax. On Sunday evening, prior to the meeting, a large congregation gathered in St. Paul's Church where they were welcomed by the Rector, the Ven. T. W. Savary, D.D., Archdeacon of Nova Scotia. An eloquent sermon was delivered by the Rev. A. Stanley Walker, M.A., President of the University of King's College. The Lieutenant-Governor of Nova Scotia and Mrs. Irwin were present. St. Paul's Church is the Mother Church not only of the Diocese but of the Church of England in Canada. It is also the only Church of Royal Foundation in Canada having been founded in 1749 by King George the Second.

The choir cassocks of Royal Red still denote its royal origin. The very fabric of this church is steeped in history and, as the familiar liturgy of Evensong proceeded, there came about us a cloud of invisible witnesses from the glorious past of our Dominion.

At St. Mary's Roman Catholic Cathedral a Convocation was held, presided over by the Most Reverend John T. McNally, D.D., Archbishop of Halifax. The sermon was delivered by the Rev. W. J. Burns. The congregation joined in singing "Hail, Queen of Heaven" the last verse being composed for the occasion by the Directress of the Guild of St. Elizabeth, Sister Marie de Chantel. The programmes were attractively designed in two shades of blue, and were the gift of the Guild to the visiting nurses as a souvenir of the occasion.

HONOURABLE MENTION

The Choral Group Again
Courtesy of The Canada Starch Company.

Behind every successful convention there is a driving force which derives its strength from the place of meeting. This is usually embodied in a Committee on Arrangements, composed of people whose job it is to work hard, to keep themselves in the background and, not infrequently, to let someone else take most of the credit for any success which may attend their efforts. In Halifax there was, of course, such a Committee and it was a good one. The chairman was Miss Marion Haliburton, assisted by the following conveners, aided by the members of their respective sub-committees:

Sister Anna Seton and Sister Camillus, of the Halifax Infirmary, made all arrangements for the Religious Sisters attending the meeting.

Miss Muriel Graham, the extremely efficient registrar of the R. N. A. N. S., was responsible for the registration desk. Without confusion or delay, about 570 nurses were registered, badged, given tickets for all sorts of delightful social affairs, and sent on their way rejoicing.

Miss Marjorie Trefry saw to it that fresh flowers graced the rooms of the visitors, a delicate attention which was much appreciated.

Mrs. D. J. Gillis presided over the information booth. Further reference will be

made elsewhere to the courtesy and patience with which this committee discharged its functions.

Miss Lenta Hall directed the organization of the banquet. Not only was this a feast of reason and a flow of soul—it was also an extremely good meal. No dubious cold storage turkey, but a real filet mignon, perfectly cooked. The table decorations were typically nautical and appropriate.

Miss K. Macdonell and her valiant band of helpers, in addition to staging continuous performances of "Live Wires" (presented by District 5, R. N. A. O.), simultaneously, kept one eye on the Canadian Nurse exhibit, and the other on the subscription desk. More about this fine teamwork later.

Miss Catherine Graham knows Halifax like a book, and did grand work on the housing committee:

Mrs. C. W. Bennett planned all transportation, and made arrangements in connection with the Special Service at St. Paul's Church.

Miss Laura Hubley, R. R. C., president of the Overseas Nursing Sisters Association, directed the luncheon and business meeting of that Association and Miss S. MacIsaac, president of the Nova Scotia branch of the Overseas Nursing Sisters Association, took charge of the delightful tea given at the Ashburn Golf Club.

Miss Edith Fenton carried out the onerous duties of convener of entertainment with her customary energy and efficiency. The result was that all the guests had a thoroughly good time. Miss Fenton also received, personally, with the Rev. A. Stanley Walker and Mrs. Walker at a delightfully informal gathering held after the Sunday evening service.

Miss Ellen Reid made it possible for all the Alumnae Associations to foregather. Ours went to the Waegwoltic Club—one of the most beautiful views we have ever seen—the Club we mean, not our Alumnae Association.

Miss K. Jamer convened the publicity committee and, on behalf of the *Journal*, we had the pleasure of publicly expressing our gratitude for lively and interesting material, promptly forwarded.

The rail of the "Lady Laurier"
Courtesy of The Canada Starch Company.

Miss S. Archard was responsible for the efficient direction of the reception tendered by the Halifax Chapter of the R. N. A. N. S. and the Alumnae Association of the Schools of Nursing in Halifax. This was a very gay and enjoyable affair.

Miss A. Brennan directed the voyage of the *Lady Laurier*, assisted, of course, by the Captain and the crew of the vessel. A lyrical appreciation of this event appears elsewhere in this issue.

Miss M. Saxton made arrangements in connection with the delightful tea sponsored by the St. Elizabeth Guild. This was to have been held in the beautiful grounds of the residence of Archbishop McNally but unfortunately a little rain did fall during the week of the meeting and the event had to be transferred to the Nova Scotian Hotel.

Miss Anne Foster, of Berwick, made arrangements for the professional exhibits. These included dolls dressed to represent the uniforms of every school of nursing in the Province. A minor crisis arose when difficulty was experienced in finding a mas-

culine doll to represent the male nurses who are in training at the Victoria General Hospital. An effigy of "Charlie McCarthy" was apparently the only alternative until someone fortunately discovered a spruce young man who quite held his ground with his professional sisters. Excellent exhibits were also staged by the Provincial branch of the Junior Red Cross and the Provincial Health Department. The fine exhibit showing the development of registries, which was prepared by Miss Madalene Baker, of London, and shown at the Kingston meeting of the R. N. A. O., elicited great interest.

APPOINTMENTS

Miss Mary F. Bliss

Miss Mary F. Bliss has recently been appointed superintendent of the Galt Hospital, Galt, Ontario. Prior to taking up her duties, Miss Bliss served successively as superintendent in the Guelph General Hospital and the Chambers Memorial Hospital, Smiths Falls. A graduate of the School of Nursing of the Royal Victoria Hospital, Montreal, Miss Bliss also holds the certificate in administration conferred by the McGill University School of Nursing. During the war Miss Bliss served overseas with Number Three, Canadian General Hospital, was awarded the A. R. R. C. and mentioned in despatches. Miss Bliss is much interested in nursing organizations and served recently as chairman of District 7, R. N. A. O.

Mary F. Bliss

Miss A. E. Richardson

Miss A. Elizabeth Richardson has recently been appointed lady superintendent of the Blanchard-Fraser Memorial Hospital, Kentville, N. S. Previous to this appointment, Miss Richardson rendered outstanding service as superintendent of the Shawinigan Falls Hospital, Shawinigan, P. Q. She is much interested in staff education and the Hospital of which she will now take charge is to be congratulated on selecting such an able administrator to guide its destinies.

Mary Agnes Snively

An address, delivered by the President of the Canadian Nurses Association, Miss Ruby M. Simpson, O. B. E., at the Ceremony which marked the presentation of the Snively Medal Awards at the Biennial Meeting of the Canadian Nurses Association, July 8, 1938.

It is with justly conscious pride that we, the nurses of Canada, publicly present this ceremony as a tribute of honour and homage to a great Canadian woman, the Founder of our national organization, Miss Snively. It is offered with the desire that her name may be perpetuated and the memory of her life and work ever remain as a pattern and an inspiration for those of the profession which she so loved and to which she gave abundantly and untiringly of the splendid talents with which she had been endowed.

Born of Scotch, Irish and Swiss stock Mary Agnes Snively spent her young life in a pioneer settlement of south-eastern Ontario. While she probably endured many of the privations which were the common lot in a new country during the last half of the nineteenth century, she was, nevertheless, most gently reared and the deeply religious atmosphere which pervaded her home remained as a strong influence throughout her entire life. Although educational facilities were neither easily available nor particularly attractive she completed a Secondary School course and became a teacher. In this work which was continued for some time, she found interest and satisfaction and according to an inspector's report "she exerted a fine moral influence over the children with whom she worked".

Why, then, did she abandon the teaching profession for that much less accepted one — nursing? There is no record that she had ever felt a particular call to it as a vocation nor did it make any general appeal to the young women of the day. The answer is probably found in the fact that her two young American friends, Louise Darche and Isabel Hampton, also teachers, were anxious to venture in this new field and exerted their influence to persuade Miss Snively to join them. It is a coincidence, indeed, that all three achieved such distinction in it that their names are written in the annals of its history.

Schools of Nursing, or Training Schools as they were advisedly called, were just beginning to struggle into existence. Bellevue Hospital, in New York City, was the pioneer School on this continent, owing its beginning to a small group of devoted women who were deeply stirred by the work of Miss Nightingale and the founding of the School at Saint Thomas's Hospital, London, and much impressed with the idea that gentle-women might be taught to care for the sick. In 1882 in the ninth year of its history, Miss Snively, then thirty-five years of age, entered the School as a student. What a School! There was little in it to attract a young woman of her type. We read in the records: "When the School was begun it entered upon a perpetual battle with dirt, poor food and unsanitary conditions of every kind. Hours of duty for nurses were from 4:00 a.m. to 10:00 p.m. and if the need arose, the nurse watched through the night by lying down in a room next the ward." How weary and discouraged this young ex-teacher must have been many times in the two years which followed. Perhaps she sometimes talked with her two friends of the care-free days

before they became nurses-in-training! But they were all mature women not lightly turned from what had been undertaken.

In 1884 Miss Snively left the School, a trained nurse. She proceeded at once to the single position she held in her professional life, that of superintendent of nurses in the Toronto General Hospital. No experience, no special course as a preparation. Surely she had admirable courage!

Had she found in this new position, a School with even the advancement of Bellevue Hospital, her task would have been sufficiently difficult. But, although the Hospital in Toronto had students and trained nurses, there was little to dignify it by the name of School. Many of the women were of the "Sairey Gamp" type. Hours were long. Living and working conditions were unattractive and even intolerable. The nurses, if such they might be called, lived within the Hospital, sleeping in whatever odd place they could find space, eating their meals in a dark and dismal basement and without a corner of their own in which to spend their very rare off-duty hours. There appeared to be no plan of any kind for study, for work or for records of nursing care. There were, however, the two basic requirements of a School of Nursing — the patients in need of care and the young women to be taught to give that care. In the years that followed Mary Agnes Snively shaped that material into a School, a School which at the close of her long service stood and still stands as a tribute to her indomitable will, to her skill as an organizer, to her ability as an educator and to her rare and remarkable qualities of personality. It stands, too, as a record of her life's work for she left no written document of her experiences through those strenuous and difficult years. What an invaluable contribution to the history of nursing such a record would have been! No doubt she had neither desire nor need to justify her actions by transferring them to the written page and she had no time to write. Her days were full. Changes did not come in a day nor even in a year. There were discouragements in plenty but her spirit never wavered and her efforts never ceased. With grim determination she held to her purpose to accept nothing but the best and at all costs to keep nursing education and its ideals in line with the rapidly changing times.

As a School began to emerge out of the confusion in which her work was begun, Miss Snively with rare perception and diplomacy began a clever publicity campaign concerning it. Tactfully but firmly she insinuated into the minds of her Board members and the public in general the fact that it was a School. She went out to seek students for it. She spoke from platforms on the work of the nurse, then a new occupation for women. In each address the quality of her intellectual endowment and the spiritual sincerity of her character were so apparent that she made a very real impression and attracted the very finest type of young women. She became a public figure and her School shared the esteem and sound popularity which she enjoyed. Applications from prospective students literally poured in! In the year 1894, forty-four years ago, she had a list of six hundred names from which to choose twenty-two! A tribute, indeed, after only ten years of work! Her striking, dominant personality, her outstanding qualities of leadership, her refusal to acknowledge defeat, her righteous indignation at the sins of mankind, her courage and her strong will, all tempered by the unquestioning faith of her religion made

an arresting and commanding personality. Truly she was a leader.

Had Miss Snively's interest stopped at the doors of her own beloved School she would have made a valuable contribution to nursing education but her name would not have achieved the national significance with which it is now regarded. But her interest extended far beyond the confines of the Toronto General Hospital. The passion of her life was nursing and nurses. She had concern for the graduates of all Schools. With rare insight she envisioned the heights which this young group might reach. Given high standards and ideals of preparation and service, the development of a profession was a possibility if the members would stand together. Her thoughts can be imagined: A common council would develop a common bond and provide a means of expression as to aims and objectives. Organization would bring unity and solidarity. Then organization must be effected. And with characteristic enterprise she proceeded to effect it. Her efforts were crowned with success. The first nurses' association was founded in 1907—"The Canadian Society of Superintendents of Training Schools for Nursing." She was its President. The restricted membership did not satisfy her, nor indeed any of its members, but it was a beginning and much was expected from it. Just one year later an excellent opportunity arose for its expansion.

An International Council of Nurses had been formed in 1899 with Great Britain and Ireland, Germany and the United States as charter members. The Founder, Mrs. Bedford Fenwick, with a personality quite as forceful as Miss Snively's own, was determined to make it truly international. A Congress was planned for London in 1909. In 1908 she announced that Denmark, Finland and Holland had qualified for membership and would be formally received at the Congress. Miss Snively was disturbed by this announcement. Her jealous national and professional pride was touched. Why should Canada lag behind? She was a member of the International Council, was its Honorary Treasurer in fact, but she was an individual representative of Canada which did not satisfy her democratic spirit. Representation must be national. But there was no national organization. Undaunted she set about to secure one and happily found a very simple solution to the problem. The name and membership requirements of the young "Canadian Superintendent's Association" could be changed and thus it would be open to all nurses. This was done and in October 1908, at a meeting held in Ottawa, the "Canadian National Association of Trained Nurses" was founded and the Association whose thirtieth anniversary and nineteenth general meeting we are now attending came into being. Several of its members journeyed to London in 1909 where they shared with Miss Snively, its President, the joy and satisfaction of seeing the very young organization received into full membership in the International Council. Today, thirty years later, we marvel at their spirit! Later in the Congress Canada was given the honour of placing a wreath on the tomb of the late beloved sovereign, Queen Victoria. With a large concourse of nurses from many countries the journey was made to Windsor and to Frogmore. Only the Canadians were permitted to enter the mausoleum. How proud they must have felt as in a brief and impressive ceremony Miss Snively placed the wreath as an offering of homage from the Canadian National Association of Trained Nurses. The documents and photographs of that memorable occasion are treasured in our archives.

The days of activity of this unusual woman were now drawing to a close and her thoughts were turning to retirement. She had given twenty-five years of service to her School and had seen it grow from a humble beginning to become one of the most highly esteemed in the whole Dominion. She had organized Canadian nurses into one unit. She had seen that unit admitted with honour to the world councils of nursing. She had joined the International as a charter member and served it as honorary-treasurer and as a vice-president. Surely she had earned repose. In 1910, at sixty-three years of age, she handed the reins of office to her successor. The reins of office she relinquished but not the keen and active interest in nursing which she had always displayed. This could not, in the nature of the woman, ever grow less. It remained firm and strong, an inspiration to all who came in contact with her and who felt to the last her beneficient influence.

Her years of retirement were busy and happy. She had her church and her keen interest in missions, an interest which she had felt from childhood and for which she had made many sacrifices throughout her life. Surrounded by friends and in the Hospital in which her life's work had been done, she passed her last years. It was said of her on her seventy-seventh birthday, "She is not old nor will she ever be. Hers are the gifts of the alert and fertile mind, vivid imagination, forceful personality and the intangible something we call 'charm'. These are the life giving and joy giving elements which the passing of the years can never sully." At almost eighty-six years of age she passed on to a well-earned rest. "A long life well lived: it has its own glory at the end." Her devout religious tendencies she had always acknowledged in her watchword —"I will go before thee and make the rugged places plain." What she had accomplished she attributed to the fact that she was a humble instrument in the hands of the Lord.

In speaking to Canadian nurses in 1908 when the national association was organized she gave utterance to thoughts, than which I can find none better to leave with you—an admonition and an inspiration:

Privilege means responsibility: a better century does not mean that it should minister unto us, but we to it. We can only be worthy of the great inheritance which has been bequeathed to us as we use our larger opportunities to make our country and the world better and brighter and purer for each succeeding year.

In the Florence Nightingale Oration, given at the Congress of the International Council of Nurses in London in 1937, Sir George Newman used words which might well be used to describe our Founder: *A woman of sound, practical common sense, compassionate, diligent, loyal, self-renouncing because self-dedicated, with a genius for administrative organization, possessing a high sense of public duty and statesmanship and with a soul anchored in the inexhaustible and enduring verities of her religious faith and her spiritual experience — still the greatest power on earth to move the minds and hearts of men and women.*

Notes From the National Office

Contributed by JEAN S. WILSON,
Executive Secretary, The Canadian Nurses Association

GENERAL MEETING, 1938

The nineteenth General Meeting of the Canadian Nurses Association closed on July 9. These *Notes* were prepared shortly after adjournment so that is is only possible to announce the election of officers and to publish the biennial report of the Executive Secretary in this issue of the *Journal*.

Officers elected were:

President: Miss Grace M. Fairley, Vancouver, B.C.,
First Vice-President, Miss Elizabeth L. Smellie, Ottawa, Ont.,
Second Vice-President, Miss Marion Lindeburgh, Montreal, Que.,
Honourary Secretary, Miss Kathleen I. Sanderson, Vancouver, B.C.,
Honourary Treasurer, Miss Alena J. MacMaster, Moncton, N.B.

REPORT OF THE EXECUTIVE SECRETARY, 1936-1938

Madame President and Members:

It is my privilege to present at this, the nineteenth General Meeting of the Canadian Nurses Association, my eighth biennial report as Executive Secretary.

At the close of the General Meeting in 1936, the programme for the ensuing two years included several major projects:

1. The printing of *A Proposed Curriculum for Schools of Nursing in Canada*, with distribution for study and application in all approved schools of nursing.

One thousand copies of the *Curriculum* were distributed, less than one hundred copies going to other countries. Following a French translation, one hundred copies were printed and sold, chiefly to French Schools of Nursing in the Province of Quebec.

2. The clarification of the proposed plan for Dominion Registration for Nurses in Canada as had been submitted to the General Meeting, followed by intensive study of the revised plan by the Provincial Associations.

Two lengthy folios of material, drafted by the Convener of the Committee on Dominion Registration for Nurses, were prepared and distributed to the Provincial Associations in addition to information supplied upon request to several provinces.

3. Conference with the Victorian Order of Nurses for Canada on the establishment of community nursing service bureaux, and, following acceptance of the report arising

from such conference, the launching of one or more experimental bureaux.

Arising from conferences between representatives of the Canadian Nurses Association and the Victorian Order of Nurses for Canada, plans for experimental community nursing service bureaux were approved and a Joint Advisory Committee was appointed to develop plans for the proposed experiments. Members of the Executive Committee and the Provincial Associations received an outline of the approved plan, and to acquaint the membership at large, a lengthy explanatory article was prepared for publication in the *Journal* under Notes from the National Office.

4. Participation in the Quadrennial Congress of the International Council of Nurses, 1937.

The Canadian Nurses Association was well represented at the Congress which was held in London, in July 1937. For the third consecutive Congress, the quota of official delegates to which Canada is entitled was present. The excellent enrolment of members with the Congress Tours provided the required funds to send the official delegation to London. These Tours were organised in cooperation with the Thos. Cook and Son Travel Agency. At the request of the Congress Arrangements Committee, identification cards were issued to, and registration fees collected from, all members of the Association prior to sailing from Canada. The Congress in 1937 was the fourth held during the tenure of office of your Executive Secretary. Preparations for each Congress have placed increasing demands upon your National Office.

5. The continuance of financial support to the Florence Nightingale International Foundation, including the award of an annual scholarship.

All donations collected by the Provincial Associations for the Florence Nightingale Memorial Fund are received at National Office. The secretarial duties connected with the application forms for the scholarship are given attention by the Executive Secretary. In 1937, sixty requests for application forms were filled, of these twenty-six were completed and returned, then forwarded to the Scholarship Award Committee. In 1938, thirteen sets of application forms were sent out, of which eight were completed and returned for consideration by the Award Committee. For May 1, in 1937 and 1938, announcements of the scholarship award and information concerning the Florence Nightingale International Foundation were released to the Canadian Press. By courtesy of the Association, secretarial duties and stationery have been supplied to the Canadian Florence Nightingale Memorial Committee.

Later, detailed reports will be presented on the development of these projects and on other activities which have received the attention of Special Committees. It is a policy of the National Organisation to have each Provincial Association represented on all committees, the function of which may involve provincial policies.

Sections

There are three Sections in the Association, (1) Public Health Nursing, organised in 1920; (2) Private Duty Nursing, in 1921; and (3) Nursing Education, in 1924, by amalgamation of the Canadian Association of Nursing Education with the Canadian Nurses Association. The Sections formulate policies and programmes for their respective activities and interests, all of which receive the approval of the Executive Committee of the Association. The budget of the Association provides an annual grant to each National Section.

Each Provincial Association has three sections corresponding to the National Sections. Summarized reports of the Provincial Sections will be presented later by the Chairmen of the National Sections.

Provincial Associations

At a later session, the biennial reports of the Provincial Associations will be submitted. Among provincial activities in the biennial period under review are:

the modernizing of nurses' registries; the promotion of institutes and summer schools; the improvement of academic standards of admission to schools of nursing; the establishment of reciprocal registration with other countries.

The promotion of group organisation within provincial units is providing a means by which individual nurses may become aware of organisation activities, and, by the same method, learn that their's is the privilege of participating in the formulation of policies for the provincial, national and international organisations.

Membership

As the importance of deliberation throughout this week are noted, it will be recognized that decision in 1930 to adopt one standard of membership in the Provincial and National Organisations was timely. Without the subsequent strengthening of membership in the nine Provincial Associations of Registered Nurses, it would have been impossible for the National Organisation to develop adequately the programme desired by these federated units following the release of the Report of the Survey of Nursing Education in Canada. In 1930, the provincial membership was 8,038. At January 1, 1938, the membership totalled 14,254, or over 77% increase within eight years.

Executive Committee

For thirty years the Association has been instrumental in effecting a dignified, progressive growth of the nursing profession in Canada. The onus of organisation administration rests with each succeeding Executive Committee. The amount of detail dealt with by the Executive is enormous. Unfortunately, due to barriers of distance, attendance at meetings usually is limited to quorum requirements, thus the major contact between members is through correspondence and the distribution of official material arising from each meeting. The Executive Committee which served during the first half of this period laid a remarkably solid foundation on which the consummation of outstanding achievements within the past fifteen years became possible. Major achievements may be listed as:

(1) the study of nursing education in Canada and published report thereof; (2) the compilation, printing and distribution of *A Proposed Curriculum for Schools of Nursing in Canada;* (3) the responsibility for all arrangements connected with the Congress of the International Council of Nurses, 1929; (4) the erection of the Nurses National Memorial in the Federal Capital; (5) the appointment of an editor and business manager for *The Canadian Nurse;* (6) the establishment of a National Office, directed by an executive secretary.

This brief reference to past accomplishments is made as a tribute of appreciation to those who, as members of succeeding Executive Committees, have borne the responsibility of organisation year by year.

National Office

As the proceedings of this meeting are presented the functions for which the National Office exists will be accentuated. The variety and extension of Association activities require a vast amount of secretarial and clerical direction and work which can only be made effective through the application of business-like methods by a qualified, experienced staff in a properly equipped office.

Correspondence

Correspondence: to cope with the varied and voluminous correspondence it is essential that reference records be continuously revised so that, if possible, the latest information may be available.

Some requests for information have come from:

The International Council of Nurses.
National Organisations of Nurses in other countries.
The Federal Department of Pensions and National Health.
The Federal Department of Labour.
The Institutional Branch of the Dominion Bureau of Statistics.
The Canadian Medical Association.
The Canadan Hospital Council.
The Canadian National Committee on Mental Hygiene.
The Canadian Association of Social Workers.
The Canadian Welfare Council.
The Offices of various Consulates.
High School Authorities.
Innumerable individual nurses in Canada and elsewhere.

Subjects on which information has been supplied include:

Schools of Nursing for prospective candidates.
Post-graduate Courses.
Opportunities for nurses in Canada and in other countries.
Status of Canadian registered nurses in other countries.
Legal entry of foreign nurses into Canada and opportunities for employment thereafter.
General information on nursing in Canada.
Enrolment for Army Nursing Service.
Statistical information re hospitals, schools of nursing and nurses in Canada.
Information to assist in the preparation of a revised edition of a history of nursing and of essays on this subject.

Canada Room: In London, in the Florence Nightingale International Residence, there are rooms which bear the names of the countries by which these bed-sitting rooms were furnished. When it was brought to the attention of the Association that Canada Room needed refurnishing, the Executive Committee requested the President to attend to the necessary purchases when in London in July, 1937. Refurnishings cost approximately one hundred dollars. The Association's scholarship student (1937) has expressed her appreciation of the attractive comfortable quarters she has had in Canada Room.

Health Statistics: To assist the Committee on Health Statistics of the International Council of Nurses, questionnaires were prepared from a copy received for distribution to fifty schools of nursing in Canala. Although schools which did not complete and return the questionnaire to National Office within the specified time were notified more than once of their unresponsiveness, eventually, returns from forty-three schools were forwarded to International Headquarters.

The quadreunial report of the Committee on Health Statistics (1933-1937) is included in the publication of Congress Papers 1937, and should prove a valuable reference to those directly concerned with the health of members of nursing staffs.

International Hospital Association: For the past two years the Association has maintained an associate membership in the International Hospital Association. The next biennial meeting of this Association is to be held in Toronto in 1939.

Pan-Pacific Women's Conference: Upon invitation the Association was officially represented at the triennial conference of the Pan-Pacific Women's Association held in Vancouver in July 1937.

Federal Commissions: Representatives of the Association held conferences with the women advisory members of the National Employment Commission during the months the Commission was securing information in preparation of its report to the Federal Government.

In April, 1938, the Association was granted permission to submit to the Royal Commission on Dominion-Provincial Relations a short brief on health insurance from the standpoint of nursing. The brief was prepared by the Committee on Health Insurance and Nursing Service of the Canadian Nurses Association and was presented to the Royal Commission on May 9, 1938.

Affiliations: Several national bodies have invited the Association to establish an affiliation with them. In view of the decision made at the General Meeting in 1934, i.e., that the future policy of the Canadian Nurses Association be one of non-affiliation with other national organisations, it was necessary for the Executive Committee to refuse these invitations.

Publicity: Current activity of the Association has been described monthly in the *Journal*, under *Notes from the National Office*. As occasion required, announcements were released to the Canadian Press.

On behalf of my assistant, Miss Lillian Pettigrew, Reg. N., and myself, I wish to express sincere thanks for the support accorded us by the members of the Executive Committee and the Provincial Associations, especially by the President and Provincial Secretaries. We are aware that whatever is accomplished through the National Office is entirely due to the cooperative support and good will of all members of the Canadian Nurses Association, for all of which we are deeply appreciative.

Respectfully submitted,

Jean S. Wilson, Reg. N.,
Executive Secretary

TWENTY FOR SOUTH AFRICA!

The following communication has been addressed to Miss Jean E. Browne, convenor of the Committee on Exchange of Nurses appointed by the Canadian Association, by Mrs. H. C. Horwood:

"The 'twentieth nurse' will complete our vacancies and I trust you will accept our most grateful thanks for the generous assistance you have given us. This must have entailed a very great deal of work on the part of your Committee but, if I may say so, it is not only a contribution toward nursing service and nursing education but also a high contribution towards strengthening the bonds of the Empire."

The "twentieth nurse" referred to above is Miss Isabel Secord, a graduate of the school of Nursing of the University of Alberta Hospital, Edmonton, Alta.

A WORD OF THANKS

The following message from Miss Maisie K. Miller has been received by the Executive Secretary of the Canadian Nurses Association. In 1937, Miss Miller was given the scholarship awarded by the Canadian Nurses Association and for the past year has attended the courses given under the auspices of the Florence Nightingale Memorial Foundation.

I wish once more to express my very sincere thanks to the Canadian Nurses Association for the opportunity of spending a wonderful year in London, and of being a member of the group of students at the Florence Nightingale International Foundation. It has been a most interesting year, meeting the students from so many different lands and hearing about their nursing conditions. During the Easter vacation, I visited six of these countries and visited the hospitals in which some of them had

trained, as well as many others. We received a most cordial welcome from all the nursing organizations in the countries we visited.

On May 8, the students at 15, Manchester Square were invited to the Commemoration Service for Florence Nightingale in the Chapel at Saint Thomas's Hospital. The Archbishop of Canterbury preached and the whole service was very inspiring.

The studies have been difficult at times, but well worthwhile, as they surely give one a broader outlook on nursing and on life in general. I have enjoyed every minute of my stay in London and I shall always have a great affection for all the Canadian nurses, who through their efforts have made it possible for me to have so many happy memories to look back on in the years to come.

R.N.A.N.S. ANNUAL MEETING

The twenty-ninth annual meeting of the Registered Nurses Association of Nova Scotia was held in New Glasgow on June 2 with an attendance of seventy. The president, Miss Marion Haliburton, occupied the chair and a hearty welcome was extended by the Mayor of New Glasgow. The following description of the event is based upon extracts from the official Minutes prepared by the recording secretary, Miss Lenta Hall.

The report of the Registrar, Miss M. Graham, showed that membership is 1003, of whom 747 are in good standing. During the past year, at the request of the Commission of Governments of Newfoundland, their Act and Regulations re. Registration were studied carefully, a comparative synopsis prepared by the Registrar and presented to the Provincial Executive, who thereupon notified the Newfoundland authorities that reciprocal registration would be extended to nurses registered under their Act. Due to the increased stringency of our Act regarding the age and preliminary education of nurses applying for registration, the Executive has ruled that in future all nurses applying for registration by examination shall be required to present a birth certificate and a certificate of education, along with the credentials now demanded.

The report of the corresponding secretary, Miss M. Graham, showed that following instructions, letters were written to the Registrars of British Columbia, Ontario and Quebec, requesting information as to their policy of allowing student nurses with University Degrees time off their course of training. Fifteen superintendents of Schools of Nursing in Nova Scotia were questioned and it was found that two approved of taking six months from the course for University graduates, three would consider it in individual cases if certain classes had been taken, and ten would not shorten the course, although several would consider releasing such students from certain classes or giving them added responsibility.

Excellent reports, which showed considerable activity, were presented from the Branches as follows: Cape Breton and Victoria Branch, by Miss G. Gerrior; Halifax Branch, by Miss Irene Smith; Antigonish-Guysboro-Inverness-Richmond Branch, by Sister M. Annunciata; Pictou County Branch, by Miss Blanche Reid; Colchester Branch, by Miss Ruth Milligan; Cumberland County Branch, by Miss M. Stonehouse; Valley Branch, by Mrs. Hope Mack; Lunenburg Branch, by Miss Elsie Yetman.

The report of the standing committee on public health was given by its convener, Miss Anne Slattery. It showed that under the Depatment of Health, there are 14 public health nurses with two nurses being prepared for work, giving a total of 16 with 9 having had post graduate courses in public health nursing. Under the V. O. N. there are 33 of whom 20 have had post-graduate preparation, i.e., full courses, while the remainder have had some planned instruction for work. Miss Slattery also gave en-

couraging information dealing with the reduction of infant mortality and the control of tuberculosis.

Miss Anna Brennan, convener of the private duty committee, reported that there has been a decrease in unemployment. The question of the reduction of hours of duty was considered and recommendations were drawn up.

The report of the Committee on Education was presented by the convener, Miss K. Jamer. It was pointed out that of the fifteen Schools of Nursing in Nova Scotia, five now have the eight-hour day.

Individual schools report: (a) A shortening of the night nurses' term from six weeks to one month. (b) the addition of two instructors with University degrees to the regular staff. (c) An increase in both students and graduate personnel. The preliminary periods have been increased to six months in two schools. In most schools the preliminary students have two or three months of intensive classroom work with only short periods on wards during part of this time, then a gradually increasing number of ward hours from the fourth to the sixth month. One school returns the students to the classroom for two weeks of intensive study at the end of the first year. Three schools affiliate for two months community experience with the V. O. N.

Practically all schools report progress in the use of the Proposed Curriculum, and in efforts to raise standards. Increasing numbers of nurses are going to other schools for post-graduate courses in various branches of nursing, and a smaller number for post-graduate University courses, especially in public health and teaching. Nurses are encouraged to take such courses because of the demand for qualified people to fill positions in these fields. The two Provincial Loan Funds of $300.00 each, and the $250.00 Loan Fund of the Halifax Branch have been in continuous use since they were made available.

Five meetings have been held in Halifax for the purpose of studying the Proposed Curriculum for Schools of Nursing. The last of these took the form of a most interesting demonstration lesson in bacteriology, taught by Sister Camillus of Lellis, at the Halifax Infirmary, to her class of preliminary students. Sister Camillus showed how the curriculum recommendations could be carried out even with limited equipment.

The report of the Library Committee was given by its convener, Miss J. Hubley. A list of suitable books has been made and selections have been purchased. The convener of the Publication Committee, Miss K. Jamer, reported that news items had been sent monthly to *The Canadian Nurse*. Miss J. Watkins, convener of the Joint Enrolment Committee for Emergency Service, showed that an enrolment of 147 has been obtained. This constitutes 96 percent of the required quota. A fine response to the appeal for the Nightingale Memorial Fund was reported. Sister M. Annunciata gave an excellent report of the activities of the committee appointed to study the *Proposed Curriculum for Schools of Nursing in Canada*. This showed a careful analysis of its recommendations and their possible application.

One of the high lights of the meeting was the excellent address on health insurance delivered by Dr. H. G. Grant, Dean of Medicine, Dalhousie University. He described and compared the systems in use in Great Britain and Germany and reviewed the situation in United States and Canada. Dr. Clarence Miller spoke on nursing education, dealing with the physical, mental and spiritual aspects of the problem. He approved the eight-hour day for nurses and said that if they did not obtain it for themselves it would be thrust upon them by outside influences. Entertainment included a very successful banquet, a drive to Green Hill Lookoff, and a tea given by Mrs. McKenzie, at Alma. Musical selections were given by the Nurses' Glee Club of the Aberdeen Hospital.

The next annual meeting will be held in Antigonish, in response to an invitation extended by the A. G. I. R. Branch. It was moved by Sister Mary Peter, seconded by Sister Annunciata, that Miss Rachael Chisholm or Miss Marie Leblanc be convener of the arrangements committee for the coming year.

The officers and conveners for 1938-39 are as follows: President, Mrs. Hope Mack, Kentville; first vice-president, Miss Edith Fenton, Halifax; second vice-president, Miss Annie Martin, Sydney; third vice-president, Miss Josie Cameron, Halifax; recording secretary, Mrs. D. J. Gillis, Windsor Junction; treasurer and corresponding secretary, Miss Muriel Graham, Halifax, Conveners: Public Health, Miss Anne Slattery, Windsor; Private Duty, Miss Irene Smith, Halifax; Nursing Education, Miss Katherine Jamer, Halifax; programme and publication, Miss Helen Thompson, Halifax; legislative, Miss Lenta Hall, Halifax; advisory to Registrar, Miss Gladys Strum, Halifax; library, Miss Jane Hubley, Halifax; Red Cross Emergency, Miss Evelyn Purdy, Berwick; nominating, Mrs. C. W. Bennett, Halifax. All these appointees are to take office on September 1, 1938.

OLD BILL

EMILY REED

Supervisor, Montreal Branch, Victorian Order of Nurses

The S. family were making the usual wild scramble to get out.—Mr. S. to work and the children to school. They were all about to leave the house when someone pushed a chair right into the path of mother and down she went. At once the attitude of 'every man for himself' was changed to concern. Getting the children out, Mr. S. helped his wife to a couch. By this time he could see that she was suffering. What was he to do? More or less anxious he left the house, and mostly from force of habit, called at a telephone to ask the Victorian Order of Nurses to send a nurse 'sometime today.'

In the meantime, Mrs. S. had become helpless and the pain was agonizing. To make matters worse she could not reach her eight-months old baby at the other side of the room. Winning and rubbing his nose into her hand the family dog, Old Bill, tried to offer his sympathy. Pointing to the street, Mrs. S. ordered him to go and get help. The usual means of departure were cut off as the family had closed all doors. But in a flash Old Bill had decided upon the open window. In a bound he was off.

As he reached the sidewalk, Miss Wood, the nurse, was entering the street and dashing up to her he barked frantically. Now the nurse was an old acquaintance and she knew something of his intelligence, but she did wonder as to Old Bill's technique at a time like this, so she pretended to ignore him. Raising his head he howled his misery but this having no effect, dashed to the the nurse approached the door, barked house and back again several times and as joyously.

Mrs. S. was groaning in severe pain when

they entered and Bill jumped around excitedly as much as to say "Well—here she is at last". After a few brief questions the nurse was on a neighbour's telephone asking the doctor to come at once. Mrs. S. was admitted to hospital where it was found she had fractured two vertebrae.

Meantime the nurse was making family adjustments. The baby was deposited at a neighbour's home. Old Bill was left in charge of the house while the nurse, before continuing her morning's work, telephoned the husband to come home. Later she was told of the friend's visit to the home and her surprise to find the family absent—but Old Bill, running to and from the couch, told her plainly that something unusual had happened so she called the paternal grandmother who came immediately. Before Mr. S. returned his household was under new management until his wife was well enough to return from the hospital in a plaster cast.

This happened only a short time ago but since then Old Bill has regained his youth in the Happy Hunting Ground of his faithful kind.

A LIFE OF SERVICE

It is not often that "the Maritimes" accept, almost as their own, anyone who has not a claim upon this distinction by right of birth. Victoria Winslow was born in Ontario and received her professional education in the School of Nursing of the Winnipeg General Hospital. Her first administrative work was done in the capacity of superintendent, in the General Hospital, Medicine Hat, Alberta. So it was natural that she should be a Westerner at heart. And yet after she had accepted a position as superintendent of the Fraser Memorial Hospital in Fredericton, N.B., she discovered rather to her surprise that "the Maritimes" were her spiritual home and that she was welcome there. In 1930, she took charge of the Children's Hospital in Halifax. Here the most outstanding work of her entire career was accomplished and here in the late evening of Sunday, July 10, she died.

Of her the *Halifax Herald*, speaking for the community which she served, has this to say:

She will be recalled by doctors, nurses and the public as a wise and capable hospital superintendent and a woman endowed with personal charm. To countless children who have passed through the hospital she will be remembered as "that kind lady who came to see us so often." Recognition of her work was accorded at the last annual meeting of the Board of Trustees when a presentation was made accompanied by an address that paid tribute to that which she had accomplished. Among those who have received training in nursing at the hospital, she showed marked ability in imparting knowledge, and in creating a strong feeling of loyalty.

Loyalty, yes, this was the touchstone by which she governed her life.

Endowed with a keen sense of beauty, she was a member of the flower committee which played such a delightful part in welcoming the visitors to Halifax during the Biennial Meeting. The little flower girls who greeted us at the opening session with fragrant bouquets were "her idea". One who had the privilege of seeing her a few days before the end came, asked whether along with the flowers she had a message for her many friends. "Yes", she said, "give them *all* my dear love, but especially those who come from the West". Her native Province of Ontario, the West, and the Maritimes, unite in honouring the memory of a gallant fighter, an able administrator and a good woman. She rests from her labours and her works do follow her.

A PIONEER NURSE

A. J. Hunter, M. D.
Medical Superintendent, Teulon Hospital

Miss Elizabeth J. Bell, one of our pioneer nurses and mission workers, has passed away. Miss Bell died on June 3 in the Teulon Hospital where she began her mission work thirty-four years ago. She was a graduate of the School of Nursing of the Kingston General Hospital and was sent by the Women's Home Missionary Society of the Presbyterian Church in 1904 to take charge of the newly built hospital.

These were days of the simple and primitive life. The country was swampy and a new ditch in front of the mission building was heroically beginning the task of making dry land out of a forest that was very wet underfoot. A few roads had been made but they wound a tortuous way around stumps and stones and across sloughs where the water was sometimes pretty deep. New settlers of many races were pouring in. People were hastily throwing up cabins of logs with mud floors, thatched with marsh grass, and the chinks in the logs filled with clay and moss. Miss Bell was often my companion in visiting homes where there were no conveniences, sometimes one-room cabins shared by the family and some of the domestic animals.

For seventeen years Miss Bell served at Teulon, and then after a period of furlough, became superintendent of the mission hospital at Ethelbert, a central point in a great Ukrainian settlement. Miss Bell was especially attracted by our child patients, some of them very bright and promising but not suited to the harsh conditions of pioneer life and with little chance of educational advantages. At her suggestion we began keeping some of these little folks and sending them to the village school. The results were encouraging and led us to agitate for the establishment of School Homes, where children from remote places might come and attend the public and high schools.

Miss Bell was sincere, devoted and a capable superintendent. When one thinks of her thirty years of service and estimates the many sick ones to whom she has given help and comfort, one marvels at the work one frail body can accomplish.

OVERSEAS NURSING SISTERS ASSOCIATION

Edmonton: The Edmonton unit of the O.N.S.A. gave a dinner party in honour of the president, Miss F. Munroe, R.R.C., who has accepted the position of superintendent of nurses of the Royal Victoria Hospital, Montreal, and Mrs. D. W. Rosser, who is returning with her family to reside in England. Mrs. Allan C. Rankin presided. Twenty-four members were present, including two out-of-town guests, Miss Martha Morkin of New York and Miss Amy Conroy of the Department of Public Health.

OBITUARY

WHELER.—The death occurred recently of Miss Olive M. Wheler, a graduate of the School of Nursing of the Weyburn Municipal Hospital, Weyburn, Saskatchewan, and a member of the staff of the Trail-Tadanac Hospital, Trail B.C.

INFORMATION, PLEASE!

Just about the busiest place in the Nova Scotian Hotel during the Biennial Meeting of the C. N. A. was the information desk. Under the capable convenership of Mrs. D. J. Gillis, a group of smiling patient nurses gave enlightening and reassuring answers to questions which might have baffled the divining powers of the Sphinx. Here are a few gems culled at random from a priceless collection:

What time does the tide come in?

Can we see the Moncton "Bore" from the Hotel?

Can you find my ticket? I've lost it.

Have you seen my glasses anywhere?

Is Miss Effie Taylor a trained nurse? (This from a layman of course.)

Where do you get shoes shined and clothes pressed?

Is this the meeting of the Masonic Grand Lodge?

In spite of everything the information desk managed to remain sufficiently cool and collected (it must be the sea air) to deal with a bibulous individual who declared he was seeking a wife. Possibly the best staff work was done in connection with reuniting a pair of sweethearts who had somehow missed connections but who finally drove away blissfully happy.

Incidentally the committee did a magnificent job in responding to the legitimate demands which it had been created to meet.

SISTER ALLARD HONOURED

The University of Montreal has recently conferred upon the Rev. Sister Allard, Infirmière-en-chef, Hôtel-Dieu, Montreal, a special honorary degree of Doctor of Hospital Science. This well-merited honour not only gives great pleasure to the Religious Order to which the recipient belongs but also to many other Canadian nurses who have had the privilege of working with Sister Allard on various committees. Her clear thinking and gentle patience have made her a most acceptable colleague, especially in connection with the Committee on Curriculum.

Sister Allard is a worthy inheritor of the honorable tradition of her great predecessor, Jeanne Mance.

SAVE THE SOAP!

Hospital executives will be interested in the tremendous saving of soap made possible by the new Wood's Lathurn Soap Dispenser. It mixes 90% air with 10% soap, and dispenses a rich, creamy lather that just cannot run through your fingers like "liquid" soap. Not only is the saving to be made outstanding, but this Lathurn Soap is smoother and more cleansing. G. H. Wood & Company Limited, Montreal, tell us that thousands of these dispensers are now giving satisfactory and economical use. They fully guarantee the service.

Admissions:

Miss Opal Shaw has been appointed to the Liverpool branch. Miss Helen B. Ferguson and Miss Edith Hill have been appointed to the Border Cities staff. Miss Ethel Croft has been appointed to the Kitchener staff. Miss Eva Sherritt has been appointed to the Timmins branch. Miss Norma Cameron has been appointed to the Winnipeg staff.

Transfers:

Miss Lettie Turner has been transferred from Glace Bay to the Dartmouth staff. Miss Molly Stevens has been transferred from the Montreal staff to take charge of the newly opened branch at Amherst, Nova Scotia.

Resignations:

Miss Margaret Inness has resigned as nurse-in-charge of the Pictou Branch. Miss Janet L. Cunningham has resigned from the Dartmouth staff.

AMENITIES

Biennial Meetings are unquestionably stimulating to the mind but they are also a bit tiring to the body. All through the Halifax convention, the Lippincott Lounge dispensed a delightful but unobtrusive hospitality. The moment you entered its doors you "unlaxed"—if we may be permitted to borrow the priceless idiom of "Amos and Andy". Freshly made tea was served at all hours, and you could lie down in privacy and rest your aching feet or even smoke a furtive cigarette in congenial company. The gracious hostess was Mrs. Theodore Phillips, wife of the director of the medical division of the J. B. Lippincott Publishing Company, Philadelphia.

THE KING'S NURSE

The following excerpt from *The British Journal of Nursing* will be of interest to our readers:

The King received Miss Catherine Black at Buckingham Palace on May 31, and invested her with the insignia of a Member of the Royal Victoria Order (Fourth Class). Sister Black was one of the four nurses who attended King George V during his severe illness in 1928, and was afterwards attached to the Royal Household as nurse. During the life-time of his late Majesty, Sister Black was known throughout the profession as "The King's Nurse" and was thus greeted with admiration during a recent visit to the Dominions.

WANTED

(1) Assistant Superintendent of Nurses for a 200 bed hospital, including a 100 bed Maternity Wing which will be opened on September 1. Modern buildings and equipment. Applicant must have special obstetrical training and experience.
(2) An experienced Obstetrical Supervisor for the same hospital.

Apply, stating qualifications and salary expected, to
The Superintendent of Nurses,
Hamilton General Hospital, Hamilton, Ontario

NEWS NOTES

BRITISH COLUMBIA

VANCOUVER:

Miss Donna Leitch, B.A.Sc., has been appointed to the staff of the Metropolitan Health Service in Vancouver. Miss Alice E. M. Martin, B.A.Sc., and Miss Amy Forneri have been appointed to the Public Health Nursing staff in Burnaby under the Metropolitan Health Committee.

Married: On June 25, 1938, Miss Kathleen Taylor (V.G.H. and U.B.C., 1938) to Mr. Meredith Saunders.

Married: On July 2, 1938, Miss Kathryn Maisie Clugston (V.G.H. and U.B.C.,) to Dr. Kenneth Pryde Groves.

Married: On June 30, 1938, Miss Anne Catherine MacKenzie (V.G.H.) to Mr. Gerald McKinney Osman.

MANITOBA

WINNIPEG:

During the week of June 5 the Winnipeg General Hospital School of Nursing celebrated its Golden Jubilee. The programme opened with the Baccalaureate Service for the graduating class of 1938. By June 6, over eight hundred graduates had registered, many of whom enjoyed a drive to Lower Fort Garry, this was followed by afternoon tea at the home of Mrs. Stuart Langille (class of 1906). In the evening, the Board of Governors of the Hospital held a reception in the Nurses' Residence for the graduates of the School.

June 7 was set apart for class gatherings, these took the form of breakfasts, luncheons and teas. In the evening, the Alumnae Association entertained the graduating class of 1938 at dinner. Over five hundred nurses and guests attended. A most entertaining programme followed the dinner and greetings from those unable to attend were read. Miss Ethel Johns, (class of 1902), was guest speaker and particular reference to the message sent by Miss Isabel M. Stewart (class of 1902), Profesor, Department of Health, Teachers' College, Columbia University.

On June 8, the visitors toured the Hospital and after having tea in the Board Room, attended the Alumnae meeting in the Nurses' Residence. Miss E. Gilroy (class of 1898), the first president of the Alumnae Association, read the minutes of the first meeting. Miss Pollexfen reported on the interesting collection of archives now on file in the Library in the Nurse's Residence. In the evening many of the members of the association and their friends attended the pageant, "History of Nursing", presented at the Dominion Theatre under the auspices of the Alumnae Association.

The graduation exercises were held on June 9. Miss Ruby Simpson, O.B.E., (class of 1919) addressed the graduating class. The members of the Association were deeply honoured to have had Miss M. E. Birtles, O.B.E., a member of the first graduating class, with them for the festivities.

NEW BRUNSWICK

ST. STEPHEN:

The annual meeting of the Alumnae Association of the School of Nursing of the Chipman Memorial Hospital was held recently and a summary of the reports showed a very active year. The election of officers resulted as follows: president, Miss J. Sinclair; first vice-president, Miss C. M. Boyd; second vice-president, Miss B. Moffatt; secretary, Miss A. Leland; treasurer, Mrs. H. Dinsmore; social convener, Mrs. R. Lawrence; visiting convener, Miss L. Mersereau.

The graduating exercises of the School of Nursing were held recently when nine nurses received their diplomas and hospital pins. The address to the graduating class was delivered by Dr. W. H. Bunker and the valedictory was read by Miss Delta McMullin, class leader. A reception and dance followed the exercises. A theatre party and dinner was also given in honour of the Class by the Alumnae Association.

Married: On June 1, 1938, Miss Evelyn G. Titus, (C. M. H., 1937) to Mr. Donald Kierstead.

WOODSTOCK:

The Alumnae Association of the Fisher Memorial Hospital entertained the 1937-38 graduating classes at the annual dinner. Mrs. W. B. Manzer presided and proposed

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the toast to the King. Mrs. Percy Colwell addressed the graduates. The toast to the graduates was proposed by Mrs. J. K. Hayden and responded to by Miss G. McLennan.

District 1

St. Thomas:

A meeting of District 1, Registered Nurses Association of Ontario, was held recently in St. Thomas. Miss Doris Shaw, chairman of the District, presided at the meetings. The Rev. Mr. S. Edworthy of the First United Church gave the opening prayer and Father S. E. White of the Holy Angel's Church read the invocation. The address of welcome was given by His Worship, Mayor Duckworth.

The convener of the membership committee reported that the membership to the Registered Nurses Association of Ontario was 790. Miss Doris Shaw gave a splendid report of the Provincial Meeting held in Kingston. Dr. J. G. M. Porter outlined the construction of the New Ontario Hospital in St. Thomas, which, when completed, will consist of forty buildings, accommodate thirty-eight hundred patients and require a staff of eight hundred. Buildings, to accommodate eighteen hundred patients, will be completed this year. Dr. Archibald McCausland of London gave an interesting talk on the modern advances, preventions and cures of mental health. He spoke briefly of the new Metrosal treatments which are being used in the Ontario Hospital in London.

After the afternoon session a drive was arranged to the new Ontario Hospital and the nurses were shown through the buildings. The executive of the District were guests of Miss Wilson, superintendent of nurses, Memorial Hospital, at a delightful luncheon, High tea was served to the visiting nurses by the Alumnae Association of the Memorial Hospital.

London:

The annual picnic of the Alumnae Association of St. Joseph's Hospital was held recently at Springbank Park. Miss Myra Ann White was the general convener. Miss Claire Godin, president of the Alumnae Association, presided at the supper. Plans were discussed for the bazaar which will be held in the autumn.

London:

The Alumnae Association of the Victoria Hospital met recently at Springbank

Park to hold a picnic. Over one hundred members attended. Miss Marguerite Smith was convener of the picnic and Miss Isabelle Pegg was in charge of the sports.

Miss Evelyn Bowman (V.H.L.) has been appointed to the staff of the Victorian Order of Nurses in Montreal.

Married: Recently, Miss Greta Tiffin (V.H.L.) to Mr. Milton Prowd.

Married: Recently, Miss Margaret Wallace (V.H.L.) to Dr. Joseph Mackay.

District 4

St. Catharines:

The regular quarterly meeting of District 4, Registered Nurses Association of Ontario, was held on June 11 at the General Hospital, St. Catharines. Dr. F. B. Bowman, of Hamilton gave a most instructive address on "The importance of knowledge of the ano-rectal region in nursing". Miss I. McIntosh gave a comprehensive résumé of the annual meeting of the R. N. A. O. at Kingston. At the conclusion of the meeting, Miss A. Wright and her staff served a most enjoyable tea. The next meeting will be held in September at Niagara Falls.

Hamilton:

The Alumnae Association of St. Joseph's Hospital recently entertained at a dinner in honour of the graduating class. Miss E. Quinn, president of the Association, received the graduates assisted by Miss A. Smith, Miss M. Kelly, Miss F. Nicholson, Miss A. Melody, Miss E. Hart and Miss M. Fleming.

A tea was recently given in honour of Dr. Dorothy Timpany, who sailed for England in July. On behalf of the Alumnae Association, Miss E. Quinn presented Dr. Timpany with a gift.

Married: Recently, Miss Dorothy Long (St. Joseph's Hospital) to Mr. Jack Clushman.

District 9

Timmins:

The graduation exercises of St. Mary's Hospital took place recently when twelve graduates received their diplomas. Prior to graduation, a dance was given in honour of the members of the graduation class.

Married: On June 20, 1938, Miss Mary E. Burke (St. Mary's Hospital) to Dr. J. A. Martin.

Married: On June 27, 1938, Miss L. Thrasher (St. Mary's Hospital, 1938) to Mr. W. J. Leddy.

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ASSOCIATION OF REGISTERED NURSES OF THE PROVINCE OF QUEBEC

The Fall examinations for qualification as "Registered Nurse" will be held in Montreal and elsewhere on October 24th, 25th and 26th, 1938.

Application forms and all information may be procured from the Registrar. All applications must be in the office of the Association by September 30th, 1938.

NO APPLICATION WILL BE CONSIDERED AFTER THAT DATE

Results of examinations will be published on or about December 5th, 1938.

E. FRANCES UPTON, R.N.,
Executive Secretary and Registrar,
Suite 1019, Medical Arts Bldg.,
1538 Sherbrooke St. West, Montreal.

EXAMINATIONS FOR REGISTRATION OF NURSES IN NOVA SCOTIA

To take place on October 19, 20 and 21, 1938, at Halifax, Yarmouth, Amherst, Sydney and New Glasgow. Requests for application forms should be made at once, and forms MUST BE returned by September 19th, together with fee of Ten Dollars, Diploma of School of Nursing, Birth Certificate and High School Certificate.

No undergraduate may write unless she has passed successfully all final School of Nursing examinations, and is within six weeks of completion of her course.

MURIEL J. GRAHAM, R.N., Registrar,
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Married: Recently, Miss M. Banning (St. Michael's Hospital, Toronto) to Mr. M. Thompson.

QUEBEC

MONTREAL:

At the close of the April meeting of the Alumnae Association of the Woman's General Hospital, a shower was given in honour of Miss G. Evelley. The Alumnae Association recently entertained in honour of the members of the graduation class.

Miss C. Morrow (W.G.H., 1931) is engaged in private duty at Timmins, Ontario. Miss E. Perrin (W.G.H., 1934) has been appointed to the staff of the Woman's General Hospital. Miss H. Logan and Miss R. Burgher have accepted positions on the staff of the Children's Memorial Hospital, Montreal. Miss Hymer, Miss Young, Miss Yellin and Chananie have been appointed to the staff of The Jewish General Hospital.

Married: On May 21, Mrs. R. McCutcheon (Rose Benson, W.G.H., 1925) to Mr. G. Meilleur.

Married: On May 21, Miss Georgina Evelley (W.G.H., 1934) to Mr. Edward Paterson.

MONTREAL:

Married: Recently, Miss P. Chamard (St. M. H., 1935) to Mr. A. C. Shennett.

Married: Recently, Miss Irene Kee (St. M. H., 1937) to Dr. W. D. McCusker.

QUEBEC:

Miss Louise Shepherd, formerly of the staff of the Children's Memorial Hospital, Montreal, has accepted the position of clinical supervisor at Jeffrey Hale's Hospital. Miss Mackenzie, Miss Shepherd and Miss Mackay attended the General Meeting of the Canadian Nurses' Association in Halifax, N.S.

Official Directory

International Council of Nurses
Executive Secretary, Miss Anna Schwarzenberg, 51 Palace Street, London, S.W.1., England

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Quebec: (1) Miss M. L. Moag, 1246 Bishop Street, Montreal; (2) Miss M. Batson, The Montreal General Hospital, Montreal; (3) Miss A. Peverley, 2090 Claremont Ave., Apt. 46, Montreal; (4) To be appointed.

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QUEBEC

Association of Registered Nurses of the Province of Quebec (Incorporated, 1920)

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Regina Registered Nurses Association

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Associations of Graduate Nurses

Overseas Nursing Sisters Association of Canada

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ALBERTA

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ONTARIO

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QUEBEC

Montreal Graduate Nurses Association

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Alumnae Associations

ALBERTA

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A.A., Ottawa General Hospital, Ottawa

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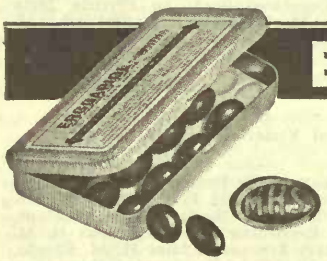

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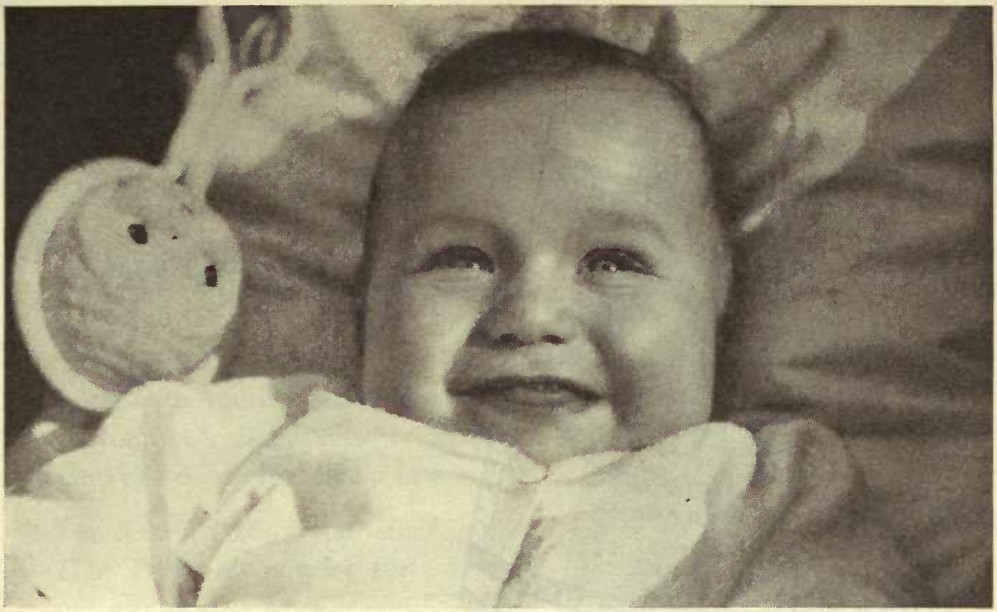

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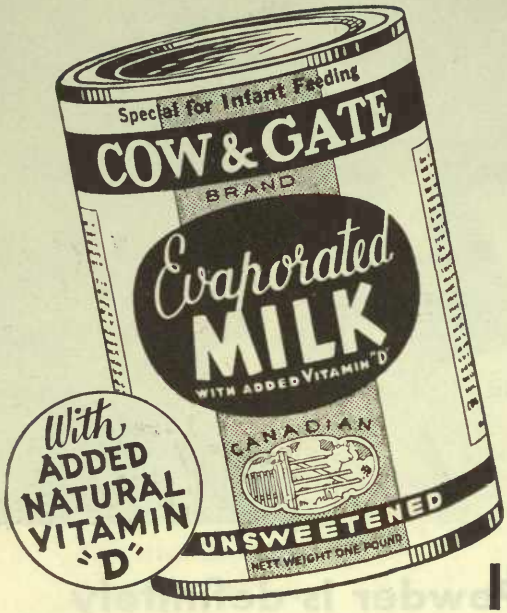

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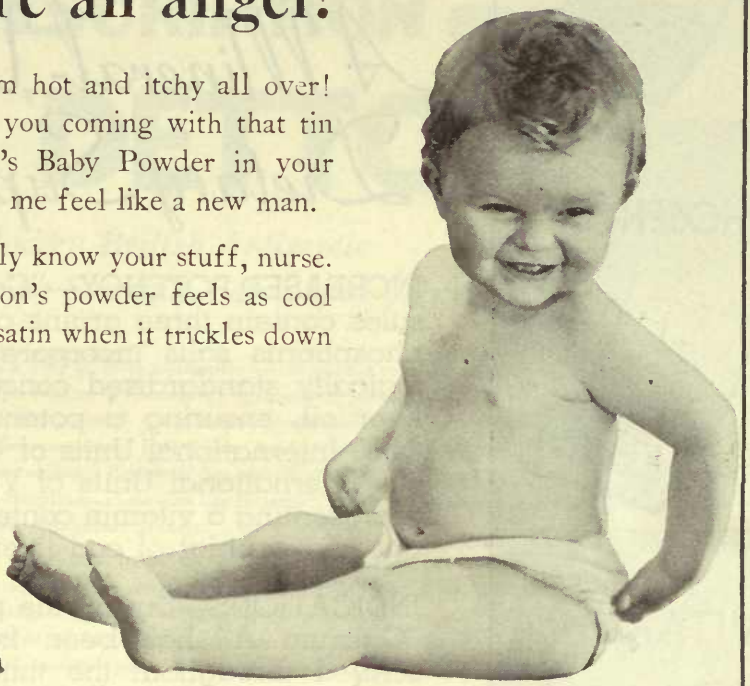

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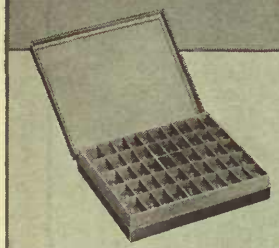

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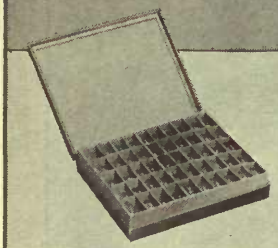

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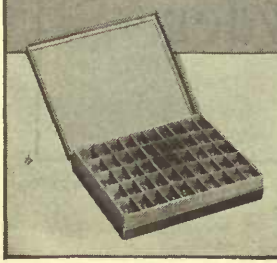

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By Way of Preface

The purpose of this issue of the *Journal* is to present to our readers, all at one time, the full text of most of the addresses and official reports given at the recent Biennial Meeting of the Canadian Nurses Association. In the August number you will find the "news story", written at top speed and under the shadow of the "deadline", but recapturing a measure of the atmosphere and colour of a memorable occasion. In the same number will be found Miss Ruby M. Simpson's presidential address —"Thirty Years of Growth"—as well as the Mary Agnes Snively Oration which she delivered when the award of the Medals was made. There is also the report of the Executive Secretary of the Canadian Nurses Association. Turn to all these again and review them before tackling the *Journal* which is now before you. You will find that they make a rich background against which the content of this special Convention Number will appear in its proper relationship and its true perspective.

Never before has any Biennial Meeting been fully reported in two single issues. The fixed size of the *Journal* made it impossible to do so, and the only alternative was to spread publication of the various addresses over several months. While this plan worked reasonably well, certain values were lost, such as the memory of the personalities of the various speakers and the reaction of the audience to them—details unimportant in themselves and yet full of life and meaning.

Take just a glance at the titles of the articles in this *Journal*. First we come to what may be termed its keynote—"Nursing, a Profession and a Service" —an address given by the President of the International Council of Nurses, Miss Effie J. Taylor. Here we are set free from the bonds of national rivalries and jealousies and take our place with our sister nurses the world over. Then comes "The Future of Nursing." No one could ever forget Dr. Atlee's analysis, none the less searching because it

was both witty and provocative. He puts squarely before us the price we must pay if we are to become a profession in the true sense of the word. Now we come to an address which has social and economic implications which far transcend our own special field. "Educating the Masses" looks to a new horizon toward which Dr. Coady and his colleagues at St. Francis Xavier University eagerly press forward. In "Antigonish Re-Visited" Miss Jean E. Browne gives a vivid picture, sketched from life, of this amazing experiment in adult education.

Next in order comes a remarkable series of addresses, all devoted to a single theme—the Curriculum. Before reading it, review the report (p. 529) of the convener of the National Curriculum Committee, Miss Marion Lindeburgh. You will find between the lines that fine spirit and tolerant understanding which have made for willing acceptance of its principles. Now look at the articles themselves: "The Philosophy of the Curriculum", "Administration in Schools of Nursing", "Theory and Practice", "Public Health in Schools of Nursing", "The Curriculum in Action". They fit into one another, they amplify one another. Best of all, they challenge one another. No pious hopes here, and no windy idealism either. Indeed there is something much better: a clear conception of where nursing education now stands and of the uphill road it must follow if the Curriculum is to be accepted as its guide.

A healthy sign that our feet are on the ground was that extremely interesting session devoted to economic security for nurses. Those who are familiar with the European scene admit that nurses on that continent are usually more provident than we are. Their attitude toward retirement is eminently sane and practical because, as Miss Ellis points out, they have made provision and have no need to fear the weight of the years. It would not of course be possible to put similar pension schemes into operation in Canada without careful analysis of what they entail and the Executive-Secretary of the Canadian Nurses Association, Miss Jean S. Wilson, presents a closely reasoned summary of the implications which are involved—Mr. Nairn and Mr. Mercier gave most convincing evidence of what may be done through regular governmental and life insurance pension plans. This group of papers would form an admirable nucleus for a round table discussion at an alumnae meeting. There would be less need of precariously financed and inadequate "benefit funds" if more of us signed on the dotted line in the days of our youth.

Now we arrive at that section of the *Journal* known as *Notes from the National Office*. Under this official caption you will find a number of reports which, taken together, give a lively summary of every project in which the Canadian Nurses Association is engaged. Official delegates, whose duty it is to report the Biennial Meeting for their respective organizations, should not neglect these pages. They give a clear picture of our national Association and are in themselves convincing proof of its vitality and of its usefulness to the nurses of Canada.

E. J.

Nursing, a Profession and a Service

EFFIE J. TAYLOR

Dean, Yale University School of Nursing; President, International Council of Nurses

I have looked forward for many years to the opportunity which you have given me to meet with you at one of your national meetings. Although my professional education was received in our adjoining country across the border, I was born and reared in Canada, and my heart is bound by strong and intimate ties to my native land. Therefore, it gives me great happiness to come home again and meet with you, my kinswomen, on this delightful occasion to exchange ideas and to offer you my most affectionate greetings.

I also bring you felicitations from the American Nurses Association and assure you of our deep personal regard and loyal fellowship. As nurses we know no country, race or creed, for we are servants of humanity, and our field of service is as broad as the universe and we are one in our objectives. This fact was given emphasis to me a short time ago when the National Director of the American Red Cross Nursing Service was addressing a group of young graduates on the worthwhileness of enrolling as Red Cross Nurses. She said that frequently nurses declined to join the Red Cross for the reason that they were pacifists and would not be willing to take sides and go to war. She explained to them that nurses never go to war. They are sometimes called where war exists to bring help and comfort to its victims, but neither the colour, thereligion, the nationality of the patient nor yet the controversy between nations hold real significance in the service of the Red Cross nurse. To her these differences are lost in the needs of the suffering men to whom, because of knowledge and skill, she can minister and bring help and relief in great emergency. Such is the soul and the motivating force of nursing, and it binds us closer than family ties or national relationships.

At the Matriculation Service of Yale University the new President, Mr. Seymour, read as his lesson the twenty-eighth chapter of the Book of Job, and he took as his topic, "The Spirit of Reverence in Politics". As I listened to a masterly interpretation of the meaning of reverence, I thought of the need for a revival of the spirit of reverence in our search for a solution to the perplexities of nursing. May I read a part of the same chapter and take as my text the first verse:

But where shall wisdom be found? and where is the place of understanding? Man knoweth not the price thereof; neither is it found in the land of the living. It cannot be gotten for gold, neither shall silver be weighed for the price thereof. Whence then cometh wisdom? and where is the place of understanding?

God understandeth the way thereof, and he knoweth the place thereof. For He looketh to the ends of the earth, and seeth under the whole heaven; and unto man he said, Behold, the fear of the Lord, that is wisdom; and to depart from evil is understanding.

Said Mr. Seymour:

"For lack of the spirit of reverence as applied to politics, Europe has been passing through the most dangerous crisis since the World War, a crisis that has resulted from stubborn refusal of this group or that to recognize the higher law of European secur-

ity as superior to the immediate and illusory interests of this individual or that nation.

Today there has been a blind disregard of the essential lesson of the past, which teaches that the salvation of each depends ultimately upon the salvation of all. A truculent insistence upon so-called national rights regardless of international duties is political retrogression that unless corrected will spell disaster."

It will not be necessary for me to point out the bearing these statements have on our own professional world. Living as we do in an active, turbulent society, where democracy, too often, is interpreted as every man for himself and no restrictions on speech or actions, the spirit of uneasiness, dissatisfaction, and striving has wormed its way into the heart of our professional life. This point of view has diverted much of our thinking into channels where the habit of regarding oneself as the center of everything dominates the entire personality, if we may speak of personality in nursing. The spirit of reverence for our professional service is blunted and conditioned by our fears and anxieties lest we may not as individual members of small organizations, or as a great body of national professional women, be given the recognition that we in our egoism believe is due us from the other struggling and striving members of society. If the world is chaotic and wanting in spiritual outlook, in like manner so are we, as we grasp and cling to the enticing obvious and material qualities at the expense of values less tangible but in reality more satisfying and lasting. And therefore we ask: *But where shall wisdom be found and where is the place of understanding?*

Wisdom to deal with the problems of life with national, state, community and personal entanglements cannot be found in you or in me alone. Our experience is limited and restricted. Our expression is inhibited by our personal frailties, our thwarted judgments, and by our short-range vision. But the text tells us:

God understandeth the way thereof, and He knoweth the place thereof. For He looketh to the ends of the earth and seeth under the whole heaven.

At no time in the history of nursing have we been face to face with the settlement of so many harassing and perplexing problems, many of which deal with traditions, others with principles which call for justification, while yet others clamour for acceptance. The inconsistence in the demands of life and society make adjustments extremely difficult. A stimulating and dominating urge to work through our professional organizations for improvement in the standards of nursing is met by innumerable obstacles for which too often we are entirely unprepared.

During the past eighteen years our profession has undergone a complete change. The war played havoc with nursing, as it did with other professions. We have been shifting and restless in our policies and in our activities since the great army of nurses were returned from overseas. An unexplainable something then happened to nursing from which we have not yet recovered, in spite of the studies undertaken by our several organizations and under private auspices to find the way to security and stability.

In considering the unifying and integrating function of our National and International professional organizations our need for wisdom and understanding comes vividly to mind. The nursing profession is not alone and peculiar in its chaos and confusion. Its problems are inherent in the conflicts of the world. Individual, political, religious, educational, and even family relationships are at war with each other, each striving for independence, expression, and economic security.

How can problems be solved while the sense of values of nations, states, and communities have no comparable basis of measurement? Each individual as a person and as a member of a family is seeking his own satisfaction without consideration for others. Each community, state and nation is bending every effort to forward its own interests and prestige. The ideal embodied in the brotherhood of man seems entirely forgotten as nations vie with each other in their desire for power. Is it not conceivable that professions may suffer from the infirmities of professionalism?

The fundamental reason for which the profession of nursing exists perchance may be submerged in its endeavour to secure independence from other professions, to wield its authority, and to demonstrate its own importance. Hospitals likewise are loath to relinquish a controlling authority over nursing, gained through other traditional relationships.

The hospital, the medical profession, and the profession of nursing have one major objective. These groups must work in collaboration; each must make its own contribution and cannot, with justice, enhance the prestige of one to the disadvantage of the others. The service which each contributes to the care of the sick, to the prevention of disease, and to the education of both men and women in preparation for professional service cannot be compared or evaluated on competitive lines. Each profession and welfare institution has its own part to play and its place to fill, and the hospital must share its facilities for service and for education. The blending of functions thus well performed will make the service to patients complete.

The kind and quality of nursing service is of primary importance. Professional nursing education is of value in so far as it is the means of providing knowledge and skill which will assure to the sick the best possible service which nurses can render. Such knowledge and skill should not be limited, however, to the needs of the patient in bed and to the cure of disease. It must be enlarged to include the control of disease and its prevention. Knowledge concerned with the social and biological sciences is unlimited in its scope. As far as students are able to use the experience of the past and add through their own study and research new concepts in any of the fields associated with nursing they should be encouraged and given available opportunities. There is no truth in the statement that a nurse can learn too much. If wisely used, knowledge is never wasted.

For the reason that service to those who are sick is our primary function, it is incumbent upon organized nursing to endeavour to find the answer to conflicting situations not only for the advancement of professional ends but, more important than these, for the service we as professional women are pledged to contribute.

There is great instability in the world's demands for nursing care. What will satisfy the requirements today will not fill the urgency of tomorrow. It is in this particular that perplexing problems lie. There is nothing static in sickness needs. The difficulties are incredibly augmented by the fact that as the incidence of sickness increases the economic security of the individual, the family and the community, decreases in proportion. The needs for the services of nurses, on the other hand, are greatly multiplied. The increased responsibility placed upon them, upon the hospital, and often upon the medical profession bears a direct relationship to the adequacy or inadequacy with which they are able to meet the intensified needs.

Due to the variation in the economic status of families and provisions for hous-

ing, particularly in cities and large industrial centers, people in time of illness turn more than ever for refuge to hospitals. In consequence, the majority of general hospitals in the United States, and I expect the same condition prevails in Canada, have a higher percentage of occupancy than was the case a few years ago and they require a greatly augmented staff of nurses for the bedside care of the sick. But probably due to blind adherence to traditions and a short-range vision in planning for future emergencies, nurses do not appear to be available to meet the critical situation in which many hospitals find themselves today.

It is not difficult to comprehend that as diverse groups, within the nations of the world, we are in conflict. It is also comprehendable that no group, professional or otherwise, can bring about a lasting solution to collective or mutual problems without the collaboration and co-operation of each of the others. We can in consequence accept the premise that the placement of too great emphasis upon the intrinsic rights of professionalism is inherently fallacious. Perchance we have seen ourselves as professionally too important. We may have placed too great an emphasis also upon what is due us personally rather than upon the quality of our service.

The issues today with which we are professionally concerned must be viewed without bias and prejudice by nurses, by all others engaged in the care of the sick, and likewise by the people who themselves need the service which nurses can give. Satisfactory conclusions and solutions to many of our controversial questions will never be reached until we separate, one from the other, the conflicting factors bound up in education for students and service to the sick and seek to find a way by which the various knots may be untangled.

As previously inferred, there are co-operative functions to perform, but there are also highly specialized functions for the hospitals, the medical profession, and for the community to perform. Apart from these, there are vital questions for which the profession of nursing must find pertinent and adequate solutions. These questions are largely concerned with the education of students for the practice of nursing, the conditions and standards under which this education can best be accomplished and the right of the individual student to obtain the kind of preparation for the work the people of the world are asking her to perform.

Nursing, like medicine, is a universal service and one upon which in a large measure the health and happiness of people throughout the world must depend. To sacrifice the preparation of qualified students on the basis of other economic needs is short-sighted in the extreme. In seeking to find the best means of approach to the education of nurses, the educational systems of our countries must not be ignored. We need the experience and judgment of men and women whose primary interest is professional education, and hospitals, like universities, need the advice of authorities if they undertake responsibility for the maintenance of schools.

We are probably in accord with the principles that the educational methods used in dealing with young people of the present generation cannot conform with those followed fifteen or twenty years ago. The background and experience of the youth of today is different because they are living in a world which has materially changed in its outlook, if not in truth in its ideals. I am of the opinion, however, that ideals and principles for nursing have not been radically modified and that students, in the main, who enter schools today respond to the concept

of service when it is interpreted to them. Students are different from those of twenty years ago in that they insist on their right to question. The present generation is not satisfied to follow a path because it has been previously traveled by others.

In enunciating the University's obligation to pledge itself to intellectual freedom, the president of an American university said:

> Let us not deceive ourselves. It is not so difficult to achieve intellectual freedom in those fields of study that are somewhat remote from the prejudices and passions of daily life. But in the fields that touch our social, political, and economic relationships, *the principle is much easier to enunciate than to maintain.*

As I listened, my thought reverted to our own profession and to the traditional inhibitions which have always been placed upon us as faculty and as students. The fact that our students do not enjoy all the privileges for freedom of expression enjoyed by many in other fields of adult education is not entirely due to differences of opinion as to the value of such a method of learning. The restrictions placed upon students and faculties as well are without question due to our social, personal and economic relationships to people in everyday life. The emphasis which the public places upon our adherence to certain conventional standards is in the main the by-product of ritual and tradition associated with the militaristic system upon which the early schools of nursing were founded. The freedom of which college presidents speak has a somewhat different connotation. But the underlying principles in nursing education are not so different, and it is timely to emphasize the importance of greater freedom and the removal of certain restrictions which, during the past half century, have been placed upon schools of nursing.

We have taken a glance at problems with which we are all familiar. Answers will not be found immediately. The rebuilding of a structure pierced with holes cannot be achieved in a day. While nursing is as old as man, modern nursing dates back professionally to 1863. It has had its ups and downs during the last three quarters of a century, and some of us who know at least a quarter of that period wonder often if the down periods were not in the majority. When we have courage to look beyond our immediate contingencies we know that such is not the reality. Modern nursing today is known in countries throughout the whole world, and as representatives of 32 nations, gathered together in London at the greatest International Congress ever held in the history of nursing, we lifted up our hearts in thankfulness for the opportunities God had given us to serve in His vineyard. The spirit of true nursing pervaded our midst and we were deeply conscious of the human ties which united us as we listened to stories of struggle and achievement by our colleagues from many different countries.

While high standards of education and the building of professional ideals were constantly kept before the Congress, of the true objective of nursing we did not lose sight. The need for a revival of the spiritual aspects of nursing was stressed by many speakers, and we parted with a deep conviction that in the attainment of our many similar aims and the solution of our problems we must seek more consistently for the spirit of wisdom and of understanding also.

As professional nurses we are deeply concerned with the future of nursing, and we would wish, if it were possible, to mold it to our ideals. But your ideals and mine will differ to the extent to which our experience has differed and in as far as our vision is clear and unclouded

or blinded by the limitations of our personal frailties. It behooves us therefore to make certain that the structure we attempt to erect is built upon a foundation to weather the tides of adversity and prosperity associated with the ever-changing social regimes in every country of the world.

Nursing provides for a fundamental need in man, and so long as such need exists nursing in its essential elements must remain. It has traveled over tortuous ways from the days when the mother cared for her family in the home without the aid of science or instruction, when she depended upon her love, her maternal intuition, and her experience, up to the present day when it has become a skilled art and one of the greatest professions for women.

Because of its natural functions, nursing in some form or other must exist until disease in all of its hideous aspects has been conquered; until positive health is the heritage of our race; and until wars and rumours of wars shall cease. It will be an essential need for man's protection until the waves and the other elements of nature have been controlled and the devastating ravages of time, of flood, and of disaster have been overcome, and until a new and different civilization has been born.

The form which nursing will take in the future, the progress which it will make, and the conditions under which it will function will vary to conform with progress in other fields of education, in industry, in government, and with the need for the kind of service which, with medicine, nursing can extend to the people of the world. Although we on this American continent can only prophesy, we have a wealth of history to guide us and a vision born out of experience mutually shared by almost every other country. To quote from Finley's "The Mystery of the Mind's Desire": *To be seeing the world made new every morning, as if it were the morning of the first day, and then to make the most of it for the individual soul as if each were the last day is the daily curriculum of the mind's desire. We should not only be enjoying this new universe in our maturity but we should be educating our children into it, that they may inherit the new heaven and the new earth.*

If we accept in general the idea that "education is the process by which the individual relates himself to this universe, gives himself citizenship in the world, shares the race's mind and enfranchises his own soul", might we not adapt this same developing process to nursing in its many relationships? We might conceive of a daily curriculum through which to select and pass on to the student nurse a content of knowledge to relate her to the environment in which she lives and works, to provide her with tools by which to attain her professional heritage and free her own personality in order that her mental attitude toward nature, man and God may be unbiased and unhampered in its search to satisfy the mystery of the mind's desire.

The Future of Nursing

H. B. Atlee, *M.D.*
Professor in Gynecology and Obstetrics, Dalhousie University

It has become a commonplace to say of a nation or an organization that it stands at the crossroads, but I feel there is some justification for making such a statement with regard to your profession. Certainly, if the factors leading up to the formation of the Weir and Curriculum Committees mean anything, they mean that at least your leaders are dissatisfied with the present status and look for something better.

I think they have cause to be dissatisfied. In surveying the broad field of medical endeavour that includes the work of doctors, dentists, nurses, hospitals and health departments, it seems to me that your profession has not only been kept in a very subordinate position, but that you suffer from an unhappy awareness of inferiority. Why, I have asked myself, has the importance of the work you are doing not received the recognition it merits? Why is your advice and counsel as a group not sought by hospital managements? Why are you not asked to play a part in moulding the policy of medical care that pertains to the organizations in which you work? Why, surrounded by almost barrackroom restrictions, must you submit to a discipline more severe and unquestioning than is expected of any other profession? Why are you more or less exploited as cheap labour?

Perhaps there is no single answer to these questions. Undoubtedly the conditions out of which your profession took origin still shackle you. The tremendous advances which my profession has made have tended to overshadow your contributions. The fact that you are women working in a masculine world militates against you, as does the fact that a marriage within your ranks may at any time make an end to a promising career. But I think if you could boil all the answers down they would come pretty close to the single word, *prestige*.

It seems to me, then, that if your profession is to inherit the place in the medical sun that it deserves it must somehow enhance its prestige. I mean that, faced by the alternatives of either struggling for improvement within your present limitations (as seems to be the ideal of the Weir and Curriculum Committees) or setting yourselves a new goal, I believe you must choose the latter.

What do I mean by setting yourselves a new goal? I suppose the simplest way of answering that question would be to say that you should become more professionalized. The statement requires expansion. As I see it, a profession is a group of trained workers which has within itself the capacity for making a more and more specialized contribution to human welfare. At first sight you might say that this definition covers all groups of workers. It doesn't. And the difference lies in the fact that whereas most groups of workers have their world created for them, the professional worker creates his own world. The worker in a shoe factory is given a shoe to make, of which the pattern is very clearly laid down. But the doctor is given a sick body to deal with and in the handling of that problem he creates a whole new world of anatomy, physiology, physical and mental therapy, and prevention.

On the basis of that definition I do not think it can be truly said that nurs-

ing is yet a real profession. Too much of the pattern you follow has been imposed on you from without—from my own profession, for instance—and not enough is created within yours. So the goal I would like to see you set yourselves is one towards which you will move more and more through your own initiative and resource.

It would be presumption on my part to try to point the detailed path by which you could move to such an end, but there are one or two considerations I would like to bring forward as potential avenues. Let me say that they are not the only ones, and that my particular choice of them is based on purely personal grounds: they happen to be avenues that interest me. I believe that there are many worlds you can create within your profession of which today we have only the faintest intimation, worlds that will present themselves however, only when you have developed the capacity to create them.

Before touching them I am going to say that I think you must sooner or later decide on a divorce within your ranks. I think that, as science has had to separate into scientific workers and technicians, so you will have to separate into nurses, and shall we say nursing attendants. Let me make myself clear on what I mean by a nursing attendant. I do not mean a ward helper, a superior type of maid, but rather a nurse technician, a less professionalized type of nurse. A great deal of the routine of nursing, a great deal, for instance, of private duty nursing, might well be undertaken by such nursing attendants whose educational background and technical training need not approach the professional standard I propose to outline. This would have the double advantage of lessening the cost of nursing to the public, and of setting you free to pursue the real goal of professionalism.

Having said that, let me go on to potential worlds. I am going to start with that most vital integer, the charge nurse. No nurse occupies so important and responsible a position in our hospitals, large and small. She must be a good executive and a first-rate dietician. She must have the tact, character and understanding to handle all varieties of sick personalities. She must have sufficient capacity as a teacher to instruct not only junior nurses but medical students. She must be guide, counsellor and friend to the lordly interne. I propose, therefore, to let her represent that group of your profession which has to do with purely bedside nursing.

What special preparation does the charge nurse undergo at present to fit her for so highly professionalized a position? Practically none. She has taken the ordinary course of training that all nurses take, but I doubt if many charge nurses in Canada have even the qualifications suggested so diffidently by your Curriculum Committee. She is chosen from the rest, not because she is better prepared for it, but because hospital managements have decided that she shows the sort of human qualities necessary to it. I do not believe that this is enough even for our present needs, but it is hopelessly inadequate if she is to play any part in creating a new nursing world, if she is to become the sort of charge nurse I have in mind.

Let me very sketchily outline this future charge nurse. For one thing she will have a great deal more to do than at present with the psychology of the patients under her care. As medical workers we are still obsessed with the physical basis of disease, and all our efforts are bent towards removing those purely physical causes. We forget that no person is sick in body alone, but that wherever disease has gained a real foothold the mind, as well as the body, re-

quires therapy. Nor do we take into sufficient account that the average patient enters hospital in a state of profound fear, and that these two factors have greatly undermined his or her personality. This is particularly true of surgical patients, and as a result a large percentage of these, despite the removal of their physical pathology, do not make the rapid recovery they should. I am convinced that until doctors and nurses realize that there is no such thing as sickness of the body without sickness of the mind, until we prepare ourselves to nurse the mind as effectively as we nurse the body, we will continue to strew the community with surgical relics, who will go seeking relief through all the other quackeries.

But no matter how *our* insight improves, the real burden of handling the mental side of disease in hospitals will fall largely on the charge nurse. Admitting that some nurses seem instinctively to handle their patients in the proper psychological way, they do so not because of insight but because they happen to be built that way. I believe that the charge nurse of the future will be a definitely trained psychiatrist as well as a nurse, and that in psychiatry she will be able to create a very important part of her new world.

But at the same time she will be much more comprehensively trained in the physical side of disease than she now is, and have undergone a much more searching scientific discipline. In fact, I believe that the basic education should not only come within striking distance of that of the average medical student, but that in some respects her clinical education should go further than his. This may sound radical, but I present the following reasons for advocating it.

One of her principal duties in hospitals with nursing schools attached is the training of junior nurses. While the undergraduate may get her theory and demonstration in classroom and laboratory, it is the charge nurse who really initiates her into the application of all this. My impression of her today is that she does not have sufficiently more background than the nurse she is training to be a really effective teacher. Nor do I think she is given sufficient teaching to do. At the present time nursing lectures in such subjects as medicine, surgery and obstetrics are practically always given by members of my profession. With the result that the nurse learns these subjects not from a nursing but from a medical angle. The future charge nurse I visualize will have a sufficiently profound knowledge of these subjects to be able to teach at least part of them herself.

In medical centres she has also to deal with medical students. At the present time our medical schools do not include instruction in nursing technique in their curricula, with the result that many graduates go into practice with a very sketchy experience of female catheterization, enema-giving, and the moving of very sick or badly injured patients—to mention only a few. The day must surely come when these will form part of a medical student's training, and the duty of instruction will fall logically on the charge nurse. But an experienced charge nurse can teach even an interne a great deal of value. I recall my own experience in two London hospitals. In one I learned more of post-operative care from a single ward sister than from all the surgeons I ever sat under. At another a Labour Ward sister gave me my first real insight into normal labor. But I got this, not because it was a recognized part of my training—as it should have been—but because I happened to have sense enough to see that these women knew things I ought to learn.

More than this, I believe that the status of the future charge nurse in relation to the interne will undergo a change, to the extent that she need no longer remain silent and uncritical before interne behaviour which she knows to be wrong. She will not only be permitted to question any order she receives from an interne, but to criticize mistakes in his techniques and in general stand in the *locus* of a teacher to him. Let me illustrate the absurdity of the present situation. A fresh undergraduate interne comes on my service every three months, but the charge nurses on my service have been there for years. A great many of the techniques used on my service have been worked out in consultation with these nurses: in many cases they have been greatly amended on their advice—yet they must not only stand by and take orders from an interne with regard to them, but hold their whisht when the interne mistakenly applies them.

The charge nurse of the future will take a vital part in hospital conferences, and her opinions be asked for and her advice taken on matters of medical care and hospital management. In every hospital living up to the standards of this continent we have medical staff conferences. At these meetings matters touching the medical care of patients and hospital procedure are discussed. But you rarely see a nurse at such gatherings, and if you do see her she is a spectator rather than a participant. This may not strike you as absurd, but it strikes me as highly so. How can the medical care of patients be intelligently discussed when those taking part in the discussion only see the patients for relatively short periods daily, while those who look after them all day are excluded? How can matters touching hospital procedure be effectively mulled over when the executives who carry out nine-tenths of hospital procedure are absent? This seems as imperfect a system as married life would be if the husband made all the decisions and outlined all the policies with regard to the running of the home and the raising of the children without consultation with his wife.

On the other hand how many hospitals have nursing conferences, at which not only purely nursing problems but the actual relationship of nursing staff to management are discussed? One of the great values of the staff conference is that it gives my profession the opportunity to air grievances and make recommendations for their amelioration. I believe that such nursing conferences are long overdue, and that they would tend to mitigate the more or less dictatorial regime under which you work in hospital. Too many of the regulations which hem you in are imposed on you by your own superiors, and not as a result of your own free decision. My profession, on the contrary, itself lays down its regulations, and every individual has the democratic right to call such regulations into question at any time. This is not so with you. You have practically no recourse from the decisions of your own superiors. That is what I mean by saying that you live under a nursing dictatorship. Now all dictatorships are bad, since they allow no freedom to individual opinion and so degrade the human spirit. Already in Europe we see evidence of the moral deterioration that has resulted from them. So that when I say the charge nurse of the future must take part in Nursing Conferences, I have this as much as anything else in mind: that the human spirit cannot create new worlds when it is not free, and that no real progress can come out of the uncritical obedience, the fear and timidity of the slave mentality. But if the charge nurse of the future is to hold her own in a combined hospital confer-

ence, if she is to make any real contribution to purely nursing conferences, she will require a sufficiently profound scientific and clinical background to ensure respect for her opinions.

In the fifteen years during which I have been associated with the Victoria General Hospital I have seen six new hospitals spring up in the smaller towns of Nova Scotia, and a seventh is almost completed. The indications are that this tendency will not stop until every town in the province has a hospital. But because a great many of these hospitals are unable to employ internes, such important procedures as intravenouses, matching for blood transfusions, blood-sugar estimations and many other useful techniques are not being carried out to the extent that they might be. The busy practitioner attending on such hospitals has not even time to write effective histories. It seems to me that such hospitals are crying out for the services of just such a charge nurse as I am outlining to handle this sort of life-saving interne work, and I believe that here is another legitimate new world that the charge nurse might create.

And finally I see no reason why the charge nurse of the future should not carry out nursing research. If my profession is given facilities for this purpose, why should yours be denied them? The only rational basis of denial would be that there is no longer room for improvement in nursing—which is ridiculous. If a nurse is dissatisfied with an old technique. or sees the way to a new one, why shouldn't she be permitted the necessary research? Why shouldn't she actually be encouraged, and her results given the same consideration that other medical investigation obtains? I have heard all the arguments against this, but every one of them is built of straw.

But let us leave the charge nurse and turn to the public health nurse of the future. So far we have touched only the fringe of preventive medicine and our ignorance is tremendous. But I believe the time is rapidly approaching when we will begin to put much more effort into prevention than we now put into cure. In this vital arena none should play a more important part than the public health nurse: here, as nowhere in the whole realm of nursing, are brave new worlds awaiting her creation. I see the day when health will be considered as important as the three R's, and be taught even more intelligently. But when I say health I do not mean the sort of inoculation-teeth-tonsils-weight sort of thing that is undertaken at present: I mean something dynamic, something aimed at the building up of physique, the sort of physique that will not only be resistant to infection, but to many of those degenerative diseases that characterize our generation.

And I mean mental health as well. We know that mental ill-health is increasing more rapidly than any other type of disease, overcrowding our hospitals and prisons and actually threatening our civilization. In more ways than one we live in a neurotic world. Everywhere we have the backward, thwarted child, the undernourished and ill-treated child, the over-pampered and spoiled child, who is growing up with neurotic and asocial tendencies, to its own destruction and the destruction of much that is best in our culture. You have only to turn to Europe to see what happens when millions of such children grow up—or perhaps I had better say, fail to grow up.

If we are to overcome this increasing tendency towards mental ill-health and mal-adjustment we must do a great deal more than we are doing: in fact, we must in a very real sense reorientate our entire outlook on the problem. We must not only start with the child in its earliest

years, we must go behind the child and work on parents and relatives who, all too often, are the cause of mental maladjustment. We must even get to work on society itself. To wait until the child has come to school is to wait too long, not only for the production of healthy minds, but for the production of healthy bodies.

Here, it seems to me, is work for which women are peculiarly fitted: but it is a field so overgrown with the rank vegetation of ignorance and prejudice that only the highest trained research workers can make any real progress through it. To cope with it the public health nurse of the future, like the charge nurse of the future, will have to undergo a much more comprehensive education than she now does.

And this brings me to the last of the potential new worlds I propose to discuss, another for the creation and organization of which women are peculiarly fitted. If childbearing is to become again a natural process I believe that women herself must make it so. The more I think about it the more I am convinced that our entire attitude towards the vital matter of childbirth is wrong. We consider it necessary for a nurse to train three years before permitting her to practice, we insist on a doctor training no less than seven—but we permit women to have babies without any preparation or training whatsoever. Yet which is the more important to the human race, the repairing of broken down bodies, or the creation of new ones? As a result of this stupid neglect childbearing has become a pathological process to which, with some justification, the average woman looks forward with dread. If we are to alter this situation women must be trained for childbirth with even more care than we train horses for the racetrack or pugilists for the ring. It is training that must start in the earliest years, before rickets and other manifestations of malnutrition have made their appearance. It must continue into adult life to the end that women will embark on pregnancy fully prepared in mind and body to produce efficiently the new race. I am convinced that only through such a conception can we finally bring about a real lowering in maternal and infant mortality, and make an end to the damage that childbirth leaves on so many women's bodies and minds.

But such a training implies a professional group who shall act as trainers and, if I am right in suggesting that this should be a woman's work, it falls logically into the new worlds that your profession might create. But if you go so far, why not go farther and embrace within this field the entire conduct of pregnancy and labor? That may sound revolutionary, but the fact is that my profession is an interloper into obstetrics. Until a few hundred years ago all labor was conducted by women, in some countries it still is, and we came into the field largely because of disabilities under which your sex worked, which did not permit you the freedom and education to properly develop the possibilities.

There is a good deal to be said for the contention that you should take it back from us again. Not only have you as women a more vital stake in obstetrics, but we men have not the requisite patience for it. Because we are impatient we have taught ourselves to interfere too readily with natural processes. As a result we have surrounded what should be a physiological process with all the panoply of pathology. In effect, the pregnant woman has a tumour which we must remove, and because of that conception too much of the ritual and practice of surgery have entered into obstetrics.

Furthermore, in those countries

where the lowest maternal mortality rate attends childbirth, the vast majority of labours are conducted by nurse midwives. Some European obstetricians believe that their low death rates are due to this fact. At any rate it seems to point a straw in the wind at which your profession might well snatch. I think you will agree that it is a field which opens enormous possibilities not only for professionalism but for prestige.

I have hinted throughout this talk that you will find it impossible to create these brave new worlds with your present educational equipment. I want to drive that nail a little further home. The type of charge nurse, public health nurse, maternity trainer-midwife I have all too vaguely outlined must possess a very comprehensive cultural and scientific background, and I have searched in vain through the proposals of your Curriculum Committee for anything like an approach to it. If there is anything hinting towards it it is the work of Miss Russell at Toronto, but so far as my knowledge goes, it only hints.

For one thing you will have to get away from the type of training school you now have which, while it may be able to produce the sort of nursing attendant I have suggested, will be quite inadequate for the future nurse I am envisioning. The nursing school of the future will have to be as definite a faculty within a university as medicine or law now are. Only there can you get the cultural and scientific background required, and come in touch with the research ideal that will stimulate you to creative effort. If you are to become the coadjutors, rather than the servants of my profession, you will have to undergo an educational discipline which, however it differs in kind from ours, will not differ from it in quality, and be as firmly based on science. In that case, you might ask, why not go the whole way and become doctors? That would absolutely destroy the ideal I have in mind. There are enough doctors: what we need is more nurses of the type I have outlined. There is surely within the broad field of medical endeavour ample room for the two professional spheres, in the same way that there was room for engineers and architects within the broad field of engineering. It is my urging that you make for yourselves within medicine the same sort of world that architects have made within engineering.

If it seems fantastic to you that you should undertake research with the same intensity that my profession does, it does not seem so to me. In fact, as I see it, this lack on your part, by forcing you into the situation where you must accept so much new truth from my profession, has been the most important single factor in preventing you from becoming a truly professional group. And whether it sounds Utopian or not the fact remains that you cannot achieve a prestige comparable to ours unless you develop through research the capacity *within yourselves* to create your own new worlds.

I do not believe that you will find the way easy. In fact, sad personal experience convinces me that you will meet not only antagonisms from without, but indifference within your own ranks. We happen to have in this city five nursing schools, none of which is any better than it should be. Recently, we tried to weld them into one modern school which would become a faculty of Dalhousie University. Not only was our scheme turned down by hospital managements, but it evoked very little enthusiasm within your own profession.

No, it won't be easy. Hospital managements and health departments will resist the inevitability of higher pay for greater services rendered: I and my confrères will maintain stoutly our right to

the sole overlordship of the medical world: even in your own hierarchy barriers will be raised against a movement which will menace the bullying tactics of the past. But for comfort I leave you this: it is an historical fact that, in preparing himself for a better future, mankind has invariably created that future.

AN OUTSTANDING SUCCESS

From *The Winnipeg Free Press* we quote this admirable account of the Summer School sponsored by the Manitoba Association of Registered Nurses in conjunction with the University of Manitoba:

Opening its doors of learning for the first time in its history to members of the nursing profession, the University of Manitoba has this summer 109 registered nurses attending a six-weeks post-graduate course. There are nurses from institutions, hospitals, public health and district nursing stations; from far off Formosa and from Korea; there are Salvation Army nurses; there are nuns, in sombre black and others in darkest brown, sweet-faced women whose chosen work in life is the care and healing of the sick. The course sponsored by the Manitoba Association of Registered Nurses and held under the supervision of the university board, is one which gives to each nurse something in her own special field of work.

In one class no less than 70 supervisors of hospitals were gathered, while in another a large group was studying the problems of public health and district nursing. The Summer School, mooted some time ago by the M.A.R.N., and now finally achieved, expected to include some 50 nurses. Its success is well demonstrated by the hundred nurses who are sitting at desks, or in the lab, with notebooks and pencils, brushing up on their work, and learning the newest methods and the best ways of passing on information to the new nurses to come.

There are nurses from Manitoba, Saskatchewan, Alberta, and Ontario, not to mention two on furlough from the Far East, who are spending six weeks of their holiday studying. Miss Hildur Hermanson, of Formosa, who is superintendent of a school of nursing where groups of 24 native nurses are trained, is a graduate of St. Paul's hospital, Saskatoon, Sask., and went to Formosa under the Presbyterian Women's Missionary society. Miss Beulah Bournes, of Korea, has worked during the last five years along the border of Manchuria and Russia, where she is the only district nurse, and with her group of native helpers, operates 18 clinics monthly.

The curriculum includes mental hygiene, conducted by Dr. J. D. Griffiths, of Toronto; ward teaching and supervision, and principles of health education, given by Miss Marion Lindeburgh, director of the School of Nursing, McGill University. Lectures in preventive medicine were given by Dr. Fred Jackson, deputy minister of health of Manitoba, and several other well known specialists contributed to this course. Miss Elin Anderson was the lecturer on social case work, and Miss Jean Houston, superintendent of nurses, Ninette Sanitarium, and Miss Elizabeth Russell, director of public health nurses, conducted classes. Miss Gertrude Hall, executive secretary of the M.A.R.N., directed the course in the absence of Miss Edith McDowell, president of the Association.

Educating the Masses

Rev. M. M. Coady, Ph. D., D.D.
Director, Extension Department, St. Francis Xavier University, Antigonish, N. S.

Abraham Lincoln did the world a service seventy-five years ago when he defined democracy as "the rule of the people, by the people, and for the people." The world would do itself a greater service today by considering the definition rather than merely accepting it. We Canadians are making some progress in that direction. At least, we have discovered that the definition cannot be applied to Canada. Canada is not a democracy. Democracy with us is still a dream, though a dream of course we are yet willing to fight for. There is no rule *by* the people and *for* the people in Canada. There is only a rule *of* the people, the people who are the masses, by the few who form the classes.

What do I mean by the masses? I mean the proletariat, wage workers, that vast body of Canadian men and women whose only contribution to the control of our country is their passive permission to be controlled, whose only influence in determining the economic destiny of this Dominion is that of animals, namely, a willingness to work and their need to be fed, clothed and sheltered. But I do not refer to animals. I speak of Canadian men and women, the masses who do not rule but are misruled. I speak of that vast body of our people, the farmers, miners, fishermen, lumbermen, factory workers and others whose souls are bought for a weekly wage.

That vast body grows, and grows incessantly. Yes, even such a stable industry as agriculture, where fifty years ago widespread private ownership was so common, now yields its quota to the proletarian mass. Tenants and sharecroppers are an accepted fact in the American economy today. Right here in the Province of Nova Scotia the majority of our apple growers, engaged in one of our most important industries, are living on mortgaged farms. And still the number grows. For to the mass is added that other group of dispossessed men and women — the unemployed, those wards of state who, by the terms of Lincoln's definition, were meant to be its masters.

How has such a condition come to pass? The answer is evident to any man or woman who has ever noted the effect of a rotten apple in a barrel of fruit. One rotten idea was tossed into our economic apple barrel and the result is almost total ruin. Men were taught to exploit the discoveries of science for their own individual gain. A better world for all was promised in return. That promise has never been fulfilled. It cannot be. And yet we have continued to teach that rotten idea in our schools and universities. We, who realize the value and absolute necessity of education as a means whereby an intelligent, democratic citizenry is prepared for the difficult task of self-rule, have nevertheless used our educational facilities to foster and perpetuate a false philosophy and an economic system that makes democracy and self-rule an impossibility for the masses of our people.

Education for us has been an escape mechanism. Our fathers and mothers have told us "Go to school, and some day you will be able to escape from the farm. A white collar awaits the brightest scholar. The lad who makes a hundred

today is the man who makes a million tomorrow." That, in effect, is what we have taught our children — to use their education as an escape to the "higher" professions. And we called it civilization. Ladies, and gentlemen, when a few more B.A.'s. M.A.'s, and Ph. D's. have taken off their gowns and pulled on their overalls then we shall have drawn a little closer to civilization. For education is not an escape from toil or the ticket of admission to a box seat in the economic show. Education is a gradual revelation of the secret of happier and more perfect living. And if a man has learned that secret at the university, will it prevent him from growing more perfect potatoes or raising more perfect pigs? If a man or woman has learned to appreciate works of art in college, will he be less an artist for his knowledge, less an enthusiast for his power to appreciate beauty in the fields where he becomes a co-creator of original works of art?

Our whole philosophy of education has been wrong. We have gone from the pagan extreme of knowledge for its own sake to the pragmatic extreme of knowledge for the sake of a dollar. It is time we pursued the middle course of knowledge for the sake of God and of our neighbour. It is time that education should cease to be a propaganda for the perpetuation of the classes and should become an instrument of material, cultural, and spiritual regeneration for the masses. Education must unlock the storehouse of beauty, truth, and goodness for all the people. In this age of technical advancement, and in a country so richly endowed with natural wealth, that is a challenge to be met and accepted. The abundance that is ours must find its way into the lives of the people, all the people, that the people may find their way into the realms of noble achievement and happiness. The two things can be done at one and the same time.

Realizing the neglected potential ability of the average man and woman for noble achievement, and for comprehending something of the unexplored possibilities of humanity in the years to come, we in Antigonish have embarked on a process designed to permit the masses of the people to bring themselves to this abundant life. The masses have failed in the past to reach the abundant life because our educational system has failed in the inspiration and direction of our children. It neither sustained the natural nobility of our youth nor directed its creative talent into the proper channels. Even if it had, there would still be need of a purposeful continuation of the educational activity. For if education is a gradual revelation of the secret to a happier and more perfect living, then as we go on living we must go on learning if we would go on being happier and more perfect. Life and learning must be co-terminous.

But how shall we mobilize the masses? The technique has been found in the discussion circle or study club, where small informal groups of men and women come together regularly to discuss their mutual problems with a view to mutual enlightment and planned group action. These study clubs again unite at regular, though less frequent intervals, in associated study clubs, where community problems are debated and solution sought. Regional conferences bring together representatives from these larger groups and then each year at Antigonish we hold a conference of all the people, rural and industrial, where an attempt is made to tie together the thinking of all the groups, to evolve a programme of action for all the people and to chart a course for another year of progressive study. And because men and women are needed to guide these various groups

A Day's Catch in Nova Scotia

Courtesy of The Canada Starch Company

in their local communities, we conduct a school for leaders each year where special courses in leadership and the techniques of adult education are taken.

How successful this has been may be seen from the fact that over thirty thousand adults in Nova Scotia, New Brunswick, Prince Edward Island and Newfoundland have engaged in this adventurous discovery of their own possibilities and have found it so stimulating, so satisfying, that they wish to see the whole of Canada and America similarly engaged.

A question very naturally imposes itself here — what should the people study? And it is as naturally answered —what they need most to know, what will enable them as individuals and groups to attain the happier and more perfect life, what will help them to realise their native capacities.

If you place side by side all the native capacities of man you will see them range from the physical and cultural to the spiritual. A well-balanced people will seek the harmonious development of all these capacities. They will not be as a three-legged stool of which one leg is shorter than the other. They must, however, in the order of time though not in the order of development, begin to fit one leg into the seat of their stool rather than the others. Just as God Almighty breathed the soul into the slime and brought forth man, so, too, must we place bread in the stomach of man that he may bring forth the beauties of his soul.

We do not go to the extreme of Marxism and declare the economic absolute. But we do declare it essential. Men may grow perfect and find happiness without a secure supply of food, clothing, and shelter, but the average man cannot do so. To the average man security is essential for the attainment of both sanctity and sanity.

If then we are agreed that security within a just and scientific society is essential to normal living, then we must realize further that the masses are

obliged to tackle the problem of attaining this security as groups and not as individuals. An individual today is like a worm before the giant steam-roller of economic, social and political forces. Individualism has failed to give security to the masses, and for that matter, to the classes. Individualism has destroyed individualism by its desecration of private ownership and individual initiative. It has forced millions into the mess that is the mass. Now we must stir the mess that the mass may take on the form and meaning of an organic, organized, intelligent collectivism, where each individual entity may consciously and freely play his part in conjunction with the others. Over thirty thiusand study club graduates are doing that in the Maritimes today. They have organized themselves into co-operative stores, credit unions, lobster factories, fish plants, sawmills, and various other organizations, to the aggregate number of approximately three hundred and are doing a total annual business in all these fields of almost four million dollars. A big accomplshment for little people.

And all these are closely related, for the credit unions provide the members of the stores with the cash which permits them to trade co-operatively and the consumer stores are buying the goods of the producer societies in ever-increasing quantities. Farmers, fisherman, miner, steel worker, office employee, and service man, are learning that they are one in their poverty and in their power. They are preparing to enter new fields — creative recreation, in which as yet they have had time only to dabble, music, books and art; the fields of health and insurance and, more proximately, the field of medicine.

Here is a field we all have been proud of. We have thrilled to the tales of service rendered by our medical men and women in the past. We have gloried in the high idealism of the profession. And we have watched with pride and wonder as each new accomplishment in the art of healing was revealed. We have welcomed the discoveries of medical science as we saw in them the banishment of disease and the liberation of our people from its toils. But we have not realized what we visualized. We have ploughed back into the earth the fruits of an abundant research because we have been unable to distribute them to the needy masses. Here, as in agriculture, the faulty economy of distribution has prevented the enjoyment of the products of an advanced system of production.

And what is the answer? I will give you the answer today — socialized medicine — co-operative and voluntary wherever possible, state and compulsory wherever necessary. And for the few who can afford to dispense and to enjoy the benefits of a private practice, let us by all means allow them to do so provided they thus help rather than harm the bulk of our people and practitioners.

Widespread private practice and individual payment for medical service are no longer feasible or desirable. The field of medical knowledge is so wide today that no individual doctor can hope to cover it thoroughly. He must associate himself with others, general practitioners and specialists, to dispense effectively and efficiently what he has learned. And because the average wage earner cannot possibly budget for uncertain sickness, even as he might provide for the certain needs of food, clothing, and shelter, and because severe sickness is an economic catastrophe to him when he must pay for it as an individual, he in turn must associate himself with other individuals in order to obtain adequate medical care at a reasonable cost. How inadequate it is at present you are well aware.

I cannot emphasize too strongly that such grouping as I have indicated should

Evening in Nova Scotia

be voluntary wherever possible, and I think we shall find it possible on a far wider scale than most of us are prepared to grant at present — the success of such voluntary co-operative associations in the United States indicate that. What little we ourselves have done to date in this field in eastern Nova Scotia satisfies us that it is not only feasible but highly desirable. And we do not hesitate to say that, with the co-operation of the medical profession in Nova Scotia, we can establish a system of voluntary medical service that will be an inspiration to the rest of America. What has been done by our people in the fields of finance and distribution can be repeated by them in this sphere too. They are conditioned for its difficulties and prepared to prove themselves capable of providing medical care that is of the people, by the people, and for the people.

At the same time, however, we should extend the field of public health. We have some excellent men and women doing excellent work in this field, but their facilities are inadequate and their power for good limited proportionally. We must strengthen their hands. In medicine, as elsewhere, there is need for straight thinking. Nor is it enough that this thinking be done by a few. The people as a whole must be enlisted for a study and understanding of this problem, one of the gravest they are forced to face now when an inadequate supply of food, clothing, and shelter has helped to deprive them of their health —the prime requisite for full enjoyment of these necessities.

Your dream of service to humanity can only be fulfilled when you have a people who will to be served. And they will only will it when they have learned to appreciate its benefits. Here is an opportunity for us, medical men and women and educationists, to be co-workers in forging this new society where we shall not spend all our time in mending fences or struggling for the mere morsels of bread and butter that are now our paltry lot.

Here is an opportunity for us as Canadian men and women, entrusted by God Almighty with the stewardship of a most

richly endowed country, blessed with an invigorating climate, and a stock of noble people, to serve humanity with a new civilization that will surpass anything man has ever known. That is the ideal I offer you today. It is not impossible. It is most feasible. For we are only now discovering the tremendous possibilities of our people — the masses we have long ignored. Unleash their energies and we shall have a new world tomorrow.

Antigonish Re-Visited

Jean E. Browne

In the present age of almost universal bewilderment in regard to economics, political organization and spiritual values, it gives one new faith and courage to re-visit Antigonish where, through the activities of the Extension Department of St. Francis Xavier University, a great "idea whose time has come" is taking tangible shape. This idea will undoubtedly change the world, and if Canadians who really desire the welfare of their country would stop making speeches and writing editorials for even one week in order to visit Antigonish, we might get on more quickly with the business of making democracy vital in Canada.

The idea took shape about a quarter of a century ago in the mind of Dr. J. J. Tompkins who at that time was a member of the faculty of St. Francis Xavier University. Dr. Tompkins is a mixture of saint, prophet and fire-brand. He is of English and Irish descent. His great grand uncle Lawrence Kavanagh was introduced to the Legislature of Nova Scotia by Judge Haliburton, and was the first Catholic to be elected to a British Parliament. Kavanagh was an educated man with an intense love of liberty. The passion for education and for liberty seems to have been in the blood of this family, and destiny no doubt sent them to Nova Scotia in order that their descendants should be ready to promote "the idea" when its time came.

The preparation for the present movement was the economic education of the farmers, fishermen, miners, industrial workers and housewives of the eastern part of Nova Scotia through the efforts of faculty members of St. Francis Xavier. Then followed the organization of "co-operatives," first on a very small scale, but now developed into really big business. The next step was the organization of Credit Unions. The first one was organized in Glace Bay in 1932. There are now 223 spread over Nova Scotia, New Brunswick and Prince Edward Island.

The President of the Canadian Nurses Association and her holiday companions, through the kindness of Dr. M. M. Coady, the Director of the Extension Department of St. Francis Xavier, had the great privilege of attending the Nova Scotia Credit Union League Convention, July 22, at Antigonish. The 250 delegates were for the most part farmers and miners, and at least fifty

percent of them were under thirty-five years of age. One was struck by the keen, alert, happy expression of these men, and by the fact that they were well-groomed and could express themselves clearly, concisely and in good English when they rose to speak.

At the close of the formal session of the afternoon, the visitors had the opportunity of talking informally with some of the delegates. One of these was a young farmer of Louisburg who told of the Credit Union to which he belonged. He told us how it began in 1935 with a membership of 22 people who deposited a few hundred dollars. In three years, its membership has increased to approximately 150, and it now has deposits amounting to $5000. Of this amount $4400 is out on loans. In this community, the loans are used mostly to buy agricultural implements and stock, and for building purposes. The usual interest is paid on the loans, but in this case the borrower is also a joint creditor. He told us of a little boy of eleven years of age who joined the Credit Union three years ago and who deposited twenty-five cents at a time. Now, at 14 years of age, he has $70 to his credit, and has the immense satisfaction of being a shareholder in a growing and important business.

Of the many interesting incidents of how the Credit Unions show true economic and social co-operation, is that of the truck-driver whose ambition was to own his own truck. He was able to get a loan from his Credit Union, and bought his truck. Very soon afterwards, he was taken seriously ill and had to be in the hospital for quite a long time. His Credit Union considered his case, and decided to hire a man to run his truck. In the end, they made enough out of it to pay the man's wages, to pay back the loan on the truck, and to pay the owner's hospital expenses. When he returned to work, he had no debts to face.

In the evening, a banquet was held in the dining-room of the recently opened Morrison Hall, the women's residence of St. Francis Xavier University. This beautiful Georgian refectory, with its tastefully appointed tables, and its vases of gay flowers against white walls, provided a delightful cultural setting for the convention dinner. The president of the League, Mr. John Foote, a miner, acted as chairman and as toastmaster. At the head table with him were the speakers of the evening. Noticeable among them was Mr. A. S. McIntyre, the young and able supervisor of Credit Unions in Nova Scotia. Mr. McIntyre, who is now on the staff of the Extension Department of St. Francis Xavier, was formerly a miner and a leader of the Communist party in Glace Bay. It is typical of the quiet and steady achievements of this sound economic movement that men like Mr. McIntyre are being won over from the subversive doctrines of Communism to the democratic ideas embodied in the Credit Union Movement.

The speeches of the evening were notable for their vigour, clarity and restrained enthusiasm. Among the audience, one saw many fine heads that a Rodin might covet for models. Sitting side by side with the working men were priests and professors. It would be a dull soul, indeed, who could not catch the unmistakable signs of a new and better democracy.

The July 1938 visit to Antigonish gave one the privilege of meeting the present Rector of the University, Dr. D. J. MacDonald, and his predecessor, Dr. H. P. MacPherson, and of hearing first hand from Dr. Coady of the development of the socio-economic experiment being promoted by the Extension

Department. Dr. Coady is also a descendant of the Kavanaghs. He can be recognized on sight as a leader of men. In him, shrewd logic is combined with complete honesty and fiery intensity of purpose. Associated with him in his work are Professor A. B. MacDonald, the Rev. J. D. Nelson MacDonald, a United Church minister, and Mr. A. S. McIntyre, a former Communist leader. This selection of staff will in itself give some idea of the broad and tolerant basis of the movement.

Starting with the small study group of not more than ten individuals, through the local Credit Unions and up to the League of Credit Unions, this new movement tends to develop the latent potentialities of the individual. For the first time in their lives, some of the members begin to think things out for themselves, and to take social responsibility. The movement is mobilizing these men for peace and democracy. By learning to help themselves and to help each other, they are beginning to experience not only economic improvement but also the spiritual values of life.

At Antigonish one finds the nucleus of a movement which is giving economic security, which is releasing the power of men's minds, which is promoting religious tolerance and which, as it spreads, must bring peace and noble living to mankind.

NIGHTINGALE MEMORIAL FUND

Further contributions to the Florence Nightingale Memorial Fund have been received as follows:

British Columbia

A.A., St. Paul's Hospital, Vancouver	$10.00
A.A., St. Eugene Hospital, Cranbrook	5.00
Registered Nurses Association, Nelson	10.00

Manitoba

Graduate Nurses Association, Brandon	$ 5.75
Margaret Scott Nursing Mission, Winnipeg	1.50
Nursing Staff, Bureau of Child Hygiene, Winnipeg	1.00
Nursing Staff, Hudson's Bay Company, Winnipeg	.50
Nursing Staff, T. Eaton Company,, Winnipeg	.25
Nursing Staff, Winnipeg School Board	2.50
Mrs. V. Robinson, Winnipeg,	.25
Miss M. Taylor, Winnipeg	.25
Miss M. Simpson, Winnipeg	.25
Nursing Staff, General Hospital, Neepawa	5.00

Nova Scotia

Mrs. James Hall, Halifax	2.00
Colchester Branch, R.N.A.N.S.	5.00

Ontario

Student Government, School of Nursing Toronto General Hospital	100.00

Quebec

Student Nurses, Notre Dame Hospital, Montreal	5.00
Infirmières du Registre Ville-Marie, Montreal	5.00

The Philosophy of the Curriculum

E. Kathleen Russell

Director, the School of Nursing of the University of Toronto

In speaking of the philosophy of a subject we are speaking of the basic ideas that are held with regard to that subject, that is the ideas or beliefs that form the basis for all further argument and action with regard to it. It is a matter of first principles. We are discussing, therefore, the fundamental ideas that underlie the proposals set forth in this *Curriculum* for nursing schools. It is probable that this philosophy (personal, professional and educational) can be described best by the answers that the *Curriculum* gives to certain questions which may be listed as follows:

What is the extent of the professional field for which the school envisaged by the *Curriculum* prepares its students?

What are the essential qualities of a nurse?

What are the essentials in an educational process?

Because many people have contributed to the *Curriculum,* and because opinions must vary greatly, it has not been easy always to maintain an exact and consistent philosophy. This indistinct quality appears at times. For the most part, however, the meaning is clear to the reader who has eyes to see.

The first question deals with a matter of professional thought. What is the full educational responsibility of the nursing schools for which the *Curriculum* was written? The answer is not clear. The *Curriculum* takes much thought for both hospital and community nursing but it does not show whether the school outlined here is to give qualifying diplomas to both hospital and public health nurses. Further the text does not allot any responsibility for post-graduate courses. It is a composite picture of a nurse that is drawn on pages 9 and 10, the exact implications of which could be stated more clearly.

The second question asks for a statement regarding the essential qualities of a nurse. Here we find a somewhat paradoxical situation in that least is said regarding that which is considered by the authors of this outline to be of primary importance. In saying this we are making the claim that the authors of the text put spiritual values in the place of first importance in the nurses they would produce. The evidence to support such a claim is not extensive, but certain is found in remarks such as the following: "the quality of person a nurse should be"; "the personal qualities which enable her to make her greatest contribution"; "those attitudes and ideals which are fundamental to the spirit and practice of nursing"; the head nurse's "influence will tend to foster or to destroy the spirit and attitude of the students in regard to nursing".

Remarks such as these occur and recur, with consistent emphasis. Therefore a thoughtful study of the *Curriculum* seems to give us the right to say that it maintains that the spiritual quality of the nurse is of supreme importance and that the first duty of the school is to foster this quality. If this be true, however, why is it that the writers seem almost to have tried to avoid giving expression to the thing that matters most? There are several possible answers to this question and some will spring to your minds at once. Nevertheless some adverse criticism is now offered concerning the *Curriculum* outline, with the

suggestion that the text should be more outspoken concerning these greatest values. Reticence is being misinterpreted and is being taken to indicate a lack of interest and conviction: also probably this reticence is leaving young members of the profession without the very definite and convincing leadership that they need when they first take positions of responsibility in a nursing school.

These are very curious days in which we live. Material things are much in the limelight just because there is so much new knowledge and new discovery, and so many new things to delight the mind and the senses. In our own field we note this particularly. New discoveries of science are throwing a much greater light on our understanding of the mind and the body, and consequently on matters of sickness and health. Perhaps it has been inevitable that there should have been a short phase of intoxication in consequence, but that phase has passed, that is, in as far as it has significance to characterize the age. Long centuries ago we were taught that man cannot live by bread alone, and there are few thoughtful people to-day who question this teaching. Undoubtedly there is a deep sense of spiritual values in our professional group but at present we do not know how to give expression to this feeling: indeed, we do well to pause and to fear some of the conventional forms of expression. However, as has been said, our silence is being misunderstood for it appears to uphold a materialistic attitude to life and may serve even to support that type of teaching. If the majority believe that the spiritual quality of the woman is the matter of first importance in the nurse, and that that spiritual life cannot thrive without continuous food, then a document of this sort should show that belief unequivocally. But we would add a very reverent prayer that we be delivered from much that is called spiritual food.

Will you permit a digression at this point? In the course of yesterday's meeting one of the Sisters made a remark that rather saddened me. If the remark was understood aright, the inference was that there is now a rather sharp cleavage between the philosophy of the religious orders and that of the lay group in nursing. I am quite sure that the Sister did not mean this as a reproach, but I am not sure that we should not take it as such. We all know the place that the religious order has taken in the development of nursing and, although all freely admit the present need for the lay worker, it would be a sad commentary on our progress if the two groups were far apart in spirit. Because of this recent search through the *Curriculum* to get the expession of its philosophy, I was greatly interested in the report that was given at this Biennial meeting by the convenor of the committee on "Religious Influence in the Life of the Nurse". I would rather like to add further comment with regard to that committee but personal suggestion of the kind would be out of order at the present moment. I would add, however, that I think some more formal study of ethics should be proposed in the *Curriculum*. In saying this, I am voicing a change in my own opinion and the change comes as a result of experience: this experience with young students in the nursing school is leading me to decide that the additional teaching should be included.

We are still speaking of the essential qualities of the nurse and the *Curriculum* has yet more to say regarding this matter. An adequate stress upon spiritual values cannot serve as an excuse for neglecting other things. Having got the primary emphasis where it belongs, we have only increased every other respon-

sibility. The further basic considerations with regard to the nurse that the *Curriculum* would stress are as follows:

1. That health, intellect and culture are essentials not frills. Students vary in the amount that they bring with them of these assets. The *Curriculum* says that it is the duty of the school to set certain minimum standards regarding these for pupils that are admitted, and to maintain and develop these possessions after admission.

2. Certain personal qualities should be built up, namely, resourcefulness, initiative and a strong sense of responsibility.

3. The students must be well taught and trained in the knowledge and skills that are apropriate to the practice of nursing. The demand here is emphatic.

So far we have talked of a philosophy with regard to nursing. To complete the picture let us now seek the underlying thought of the *Curriculum* regarding the process that is called professional education or training. Here we are well satisfied for the educational philosophy of the book is delightful: it is sound, direct, honest with no following after the false gods of some modern educational efforts. Certain fundamental axioms are stressed so clearly that they speak for themselves without further comment: these include the following:

That the simple rules of learning are all important and must be accepted.

That by simplifying, planning, and reorganizing, much more could be done with *present resources* in our schools.

That wisdom is greater than knowledge.

That length of time is a powerful factor in learning but that endless waste of time can take place in a three-year training.

That the person of the instructor and the person of the pupil are more important than the detail of the curriculum.

That essentials must be maintained even if very desirable things have to be sacrificed.

That weariness and confusion prevent learning.

There is nothing mechanical in the approach. It is a fine, true, educational philosophy, alive with possibilities. The school that captures the spirit of it can do wonders for its pupils even if its material resources be slight.

A SAVING GRACE!

May an English nurse, who, like others, has read with interest the discussion in your correspondence columns on "Unprofessional Conduct," offer one or two comments on Miss Giles' excellent letter which appeared in the July number?

I agree with the writer that nursing is a profession, and as such will offer service of the best kind for the public good, and carry standards of professional integrity on which the public may rely. Is it not even true to say that, because of the very intimate nature of nursing work, there is rightly expected of nurses a high level of maturity, and a meticulous observance of social ethics which, though possibly desirable, is not necessarily required in like degree, of all other professional workers?

That a smoking room has been included in the new residence for nurses at St. Thomas's Hospital, is mentioned by Miss Giles as a sign of the times, and is a source of satisfaction to many "Nightingale nurses." I venture to suggest moreover, that were Miss Nightingale alive today, she too would approve this innovation and be sympathetic

with the "proper and conventional customs" of this generation.

Nevertheless, of the nurses who use this room, she would assuredly expect moderation, together with a respect for the feelings of patients; for she would have nurses remember that they are teachers of health and health habits, the success of whose teaching is conditioned by the example which they themselves set.

I have recently seen it quoted, that in the *Summa Theologica* of St. Thomas Aquinas the problem is discussed: "whether greater sobriety is required of distinguished persons?" The answer is that sobriety is incumbent on all in equal degree, "but it must be striven after with special vigour by young men and Bishops"! Following, then, the line of thought suggested by this saintly theologian, may we not assume that *moderation* is incumbent upon all in equal degree, but striven after with special vigour by young women and Nurses?

D. C. Bridges,

Nightingale School
St. Thomas's Hospital

"PHYSO-THERAPY"

From the "The Quarterly", a bright periodical published by the Alumnae Association of the Toronto General Hospital, we quote this delightful transcript of a monologue overheard in the physiotherapy department.

"Is this physotherapy, dear—what they call this treatment—I mean—oh, phys-ee-o therapy, is that it? . . . You have the arthritis condition, too, have you? That's what the doctors says I have. I have it terribly. Sleep! I haven't been able to sleep to speak of for three or four years. Yes, on account of the pain—it's terrific, excruciating, that's what it is, dear. No one knows how I suffer . . . Yes, that's the spot where it hurt most. I didn't bother about it for a long while, I thought it was my overweight . . . Do your joints crack? Mine do, too. Listen to that—that's my neck, isn't that terrific? And my knees . . . you should hear me go upstairs! . . . They may think these tables are comfortable. Well, they're not. I hope the nurse comes and takes me off soon. I'm aching all over—here, and here and here!!! I can't tell you how terrible it is! . . . Do your feet get wet? Mine just drip, and my hands, too; they get all cold and clammy—awful, isn't it? . . . I'm to see another doctor to-day. I have this antrum trouble—antrum and turbinates—that's pus in the cheek-bones. Yes, dear, that's the cause of my arthritis condition."

"Oh, dear, nurse, I'm so glad you've come. Do be careful, dear. No, I can't help myself at all, dear. I had an X-ray of my spine taken Saturday, and it's still tender, simply excruciating. Yes, it was taken for the arthritis condition. Are you sure you can lift me yourself, nurse? You will be careful, won't you, dear—the pain's terrible! Oh, oh, there, that's better—now if they'd only take me up to the ward!

And then there was a pause, apparently for station identification, and then: "My husband? Yes, I have a husband. He's a mortician, dear. Yes, a mortician. He had to go to New York and study for two or three years—just like a doctor, you know. I think mortician sounds so much more refined than undertaker, don't you? Did you say this treatment was called phys-otherapy—oh, phys-ee-o-therapy . . . thank you dear".

Administration in Schools of Nursing

JEAN I. GUNN
Superintendent of Nurses, Toronto General Hospital

In introducing the discussion of this subject in this symposium, it may be well to quote from the *Curriculum* the opening paragraph in the chapter which introduces this subject:

> In Schools of Nursing the importance of a carefully planned educational programme cannot be questioned, but it can only become truly effective to the degree that opportunities for education are available and facilities for learning and efficient teaching provided. This implies that the school in which this educational programme is organized must be established on a sound administrative basis. It should have control of its educational policies and should have command of sufficient financial resources to provide the necessary facilities which make education possible.

In an effort to ascertain the progress being made toward meeting the general principles outlined above, an inquiry was sent to selected schools of nursing in every province, replies being received from fifty-six per cent of the schools of nursing approached. This lack of response from the remaining forty-four per cent makes it impossible to present a true picture of the progress made. However, certain deductions may be made from a study of the replies received.

There are several fundamental factors that are basic in any satisfactory educational policy. The *Curriculum* stresses the need for facilities for learning and efficient teaching. A well-organized and carefully prepared educational programme very often fails, due to the conditions prevailing in the hospital. The economic and financial aspect of the hospital administration usually influences these conditions and consequently they are difficult to overcome. The one most outstanding is the long hours student nurses are required to work in actual nursing service, crowding the instruction given in theory into an already full day, and leaving no time for study. Students on night duty are attending classes during the day, and working long hours at night—very often 72 hours per week. In the replies received, only four schools of nursing have definitely established an eight-hour day, and six have modified the hours of duty to some extent. The remaining schools report no change in the hours of duty of the student nurses.

One of the suggestions for putting into efect shorter hours for student nurses was the employment of graduate nurses for general nursing service, thus stabilizing the nursing staff and making it possible to consider the needs of the student nurse from an educational standpoint. It is very interesting to note that 86% of the schools replying to the inquiry, emphasized the fact that the number of graduate nurses on general nursing service was very greatly increased; in fact one school reported that, in the nursing personnel, 47% were students and 53% graduate nurses. One reply seems to offer the solution of this apparent contradiction when it states: "More graduate nurses are employed, because of the exigencies of nursing service, and not from any change of policy by the authorities.

While the employment of graduate nurses for general nursing service has not benefited the position of the student

nurses to any extent, it has at least one hopeful feature. It is an acknowledgement on the part of the Boards of Trustees of hospitals that nursing service must be considered a definite part of hospital expenditure and that all nursing service required in the hospital cannot any longer be demanded from and supplied by student nurses.

The question is an economic one and from the replies received, it would seem that very little progress has been made toward a definite study of the cost of nursing education and the conduct of a school of nursing. Only two of the schools replying are operating on a budget system. In some schools the subject has received some consideration, but apparently was not considered of sufficient importance to effect any change in policy. In the remaining schools, the cost of the school and the cost of educating student nurses was not definitely included in the replies received. This lack of financial security is most detrimental to the progress of the school since it prohibits wise planning for future development and forces the administrative staff of the school to depend entirely on the decisions of the moment, which may or may not be in line with the general plan for advancement.

One encouraging feature of the replies received is the fact that there is a general improvement in the qualifications of the teaching staff of most of the schools. This is very significant and of very great importance. The following sentence is quoted from the *Curriculum*: "No matter how well organized the plan of education may be, it can only become really effective through the interest, personality, professional experience and ability of those responsible for its direction." It has been very apparent that during the past few years, an increasing number of nurses have been entering for post-graduate courses of study in our Universities. While the figures for all Canadian universities were not secured, the comparative figures of one University may be an indication of the general trend. In this University, five years ago, there were ten students enrolled in the courses in Administration and Teaching in Schools of Nursing. In the year just completed, 25 were enrolled in these courses.

While this development is most encouraging, it must be borne in mind that the hospital has definite obligations to those entrusted with the teaching and supervision of the student nurses. A teaching staff with the most outstanding qualifications and teaching ability, cannot do effective work unless the conditions for learning are equally satisfactory. It is the "conditions for learning" that create the problem toward the solution of which very little progress has been made.

In considering the future development of nursing education from the standpoint of administration, it would seem that the question of shorter hours for student nurses must be made effective. This reform is fundamental to all progress and on this reform all progress and future development depend. For many years, Boards of Trustees of hospitals have been willing and anxious to shorten the hours of the student nurse and to consider her more definitely from the standpoint of a student with definite educational needs. But unfortunately these same Boards of Trustees are always faced with the need of increased financial income to make this possible. This condition has now existed in our Canadian schools of nursing for over twenty-five years and as yet no constructive plan has been developed. It would seem advisable to acknowledge the fact that hospitals unassisted cannot effect this reform and to endeavour to find means by which the

necessary assistance may be secured.

Judging from experience, it seems quite logical to say that this reform will not become effective except through definite legislation dealing with the working hours of student nurses. Such legislation would of necessity be provincial and in the enforcing of this legislation, the question of the cost to the hospitals would have to be given consideration by the Government of the Province. If an approach were made to each Provincial Government, this question would at least be considered and the facts of the conditions under which nursing education is carried on would be made public.

It is quite apparent that any action of this kind would be the responsibility of the Registered Nurses Association of the Province but if such an approach were made to all Provincial Governments at the same time under the leadership of the Canadian Nurses Association, the appeal made by the individual Registered Nurses Association would be very much strengthened.

In concluding this discussion, it may be well to emphasize the conditions surrounding nursing education today. Outstanding progress has been made in many ways: the educational requirements for students entering the schools of nursing have been definitely raised and applicants are selected much more carefully; the educational preparation of the teaching staff has been noticeably improved in practically all schools of nursing; careful thought is being given to the *Curriculum*, to the methods of teaching, to the class room equipment and facilities for teaching, to school records, to the reference library and professional periodicals, to the best system of examinations, and many other matters of similar importance.

Each year, more careful attention has been given to the health of the student nurses. The need for preventive measures is being stressed and student nurses are now receiving better medical supervision and care than ever before.

All these improvements are of importance, but all can be completely nullified and made practically ineffective if the student nurse is working under conditions that make her physically and mentally unable to profit by the opportunities of education and experience offered to her. In the first chapter of the *Curriculum* this fact is stressed in the following: "It might be well to state that it is the general feeling that little can be done to strengthen and enrich the undergraduate course until the hours on duty for student nurses are reduced and more time and opportunity afforded for learning and reflective thinking".

That statement is a challenge to all concerned with the education of the student nurse and the challenge should be considered. The solution will be found only through the efforts of the organized nursing profession represented in the membership of the Canadian Nurses Association.

Theory and Practice

ANNE S. CAVERS

Instructor, School of Nursing,
Vancouver General Hospital

May I first make it clear that the material here presented is not the opinion of one person or even a special committee but rather a summary of echoes from nursing schools across Canada. The convener of the Curriculum Committee, with her usual foresight and thoughtfulness, prepared a brief but comprehensive questionnaire which she forwarded to accredited schools throughout Canada and from the replies received we have gleaned the information which it is my privilege to pass on to you.

It is the aim of the *Proposed Curriculum* that the undergraduate or basic course shall provide the essentials in the preparation of the nurse for the general practice of nursing and that this basic education will be secured through a carefully selected and organized programme of classroom, clinical and community experience. With the acceptance of the *Proposed Curriculum* two years ago, we accepted its aim and it became imperative that we cast our eyes over our individual nursing schools and discover the discrepancies in our policies causing us to fall short of the fulfilment of our objective.

For a number of years, those nurses responsible for directing the educational programme were conscious that the pendulum had swung too far to the side of classroom instruction but not until the *Proposed Curriculum* was in the making, did they realize the extent of the cleavage which existed between classroom instruction and the clinical experience of the student. If during the past two years, the *Proposed Curriculum* has done nothing more than bring the classroom out of its enforced isolation and make us "ward teaching conscious" it has not been created in vain.

The *Curriculum* states that the basic education is to be secured through a carefully selected and well organized programme of classroom, clinical and community experience and for the next few moments let us dwell upon the classroom and clinical experience. We think of classroom instruction as formal teaching, and as nothing can be formal without definite organization it was the classroom which heretofore carried the organized educational programme and consequently, with the adoption of the *Proposed Curriculum*, the theoretical part of the course has been found to be the part most easily adjusted. In some of the smaller schools, a full-time theoretical instructor has been engaged, new teaching equipment purchased, and science subjects (such as chemistry) added to the preliminary course. In many of the recognized schools no such radical change has been required. There has been no increase in the hours for formal instruction. True, slight adjustments have been made in the content of some courses in order to establish greater uniformity and to strengthen the health-teaching phase, but the main emphasis has been placed on selection and method of imparting knowledge, with attention focused on the clinical field as the laboratory for all nursing.

The challenging questions to all the theoretical instructors have been (a) how can we bridge the gap between classroom and ward and use the available material of the laboratory without interfering with administration? and (b) how can we meet and co-operate

with the head nurse so that there shall be a close interweaving of theory with practice? To accomplish this instructors find they must convince the administration that they are not adding but rather re-organizing and making use of available clinical material in order to improve the nursing service and lighten the load. Secondly there must be frequent conferences to establish and strengthen the common aim—the education of the student.

So far what has been accomplished? In schools where, during the preliminary term the student is not required to assume responsibility for the maintenance of the nursing service of the hospital, the instructor of nursing practice, by close co-operation with the head nurse and supervisors, has been able to obtain for her students ward experience which co-ordinates nursing theory and practice almost immediately. This arrangement allows for a gradual introduction of the student to the activities of a busy ward and plants in her mind the idea of integration between theory and practice which is so essential throughout her school years.

Materia medica is a classroom subject which is being used to bridge the gap. By conference with the head nurse, the instructor of materia medica is able to have a student give a five-minute talk at morning report using as a topic a drug (taught in the classroom) which is being administered on the ward. This promotes student activity—the junior students learn and the more advanced students review.

Since nursing today is a community service which includes the health supervision of individuals and families as well as nursing the sick in the home and the hospital, the organization of the clinical experience of the student requires that those in charge make a conscientious study of community needs and of the material within and without the hospital which can be utilized in preparing the nurse to meet these needs. After viewing the field as a whole, organized units are being arranged and consideration given to their sequence to allow for progressive learning on the part of student.

Too great stress cannot be placed upon 'routeing'. It is the key to the success or to the failure of any organized ward-teaching programme as well as the integration of classroom theory and ward practice. The *Proposed Curriculum* clearly indicates that the person in charge of "routeing" should be educationally-minded so that there will be a definite progressive educational programme planned in advance and carried out systematically. May I re-iterate—systematic "routeing" is absolutely essential for the organization of a good ward teaching programme.

The *Curriculum* suggests that the classroom programme follow the same sequence as the clinical programme, so that ward practice will be supported by related theory. It has been impossible to provide the same sequence for all students, consequently some may attend the classroom lectures with members of their class and not reach the department for practical experience for several weeks or even several months. Recently there has been a real attempt to overcome this difficulty and in hospitals where head nurses and supervisors are prepared for the dual function of teaching and administration, systematic educational programmes have been organized *within* the service to take care of theoretical instruction as well as clinical experience. Two subjects, pediatrics and obstetrics, lend themselves nicely to this new adaptation.

In one hospital much the same system is used in teaching diet in disease. There is no longer a diet kitchen for nurses' practice cooking. When the stu-

dent is sent to the dietary department she is assigned by the department to a certain ward where she is known as diet nurse. She visits the patients on her ward, learns their likes and dislikes, and, under supervision, works out the diet for each with as little variation from the main kitchen menu as possible. She is responsible for the serving of meals to all her patients and recording of results.

The emphasis which is being placed upon more and better clinical teaching presents a real problem—the scarcity of prepared head nurses and supervisors. It is imperative that the students' clinical experience be placed in the hands of those who are specialists in their own department and also adequately trained in teaching and supervision. Our students will go no further than their leaders.

This problem is a direct challenge for staff education and is being met in different ways. One hospital arranged for a series of ten lectures on ward teaching and supervision. Several hospitals report weekly staff conferences for the improvement of ward teaching—supervisors leading the discussion. In other hospitals, promising young graduates have been given leave of absence for post-graduate study in teaching and supervision.

It would be interesting to know how nursing schools propose to retain the services of prepared supervisors. Even with many difficulties to overcome, one is conscious of the sincere attempt to use some form of ward teaching and the degree of progress can be measured by the attitude of mind of the supervisor or head nurse. Those who are blinded to the possibilities by the glamour of administration have done little.

What are some of the present day trends?

Hospitals have increased the nursing personnel so that patient assignment may be adopted, if not entirely, at least partially.

Many head nurses are budgetting their time to allow for individual supervision of bedside nursing and for ward rounds with the student new to the service.

Five-minute talks at morning report, which allow for student activity.

Case study in some form is used in practically every school.

Bedside clinics by the doctors continue, but a word of warning is needed. Remember the physician will stress symptoms and pathology more than the nursing.

Nursing clinics are gaining in favour because they study the patient as a whole. They are not unlike case studies but, have the advantage of oral presentation and are less elaborate. These clinics require about thirty minutes and can be adapted to the teaching of nursing within any service. The clinic is conducted by the student under the direction of the supervisor of the service, the clinical instructor, or the classroom teacher.

In one hospital the following is the outline used for a medical nursing clinic:

A brief history, social and medical, just sufficient to clarify the medical treatment.

What brought the patient to hospital?—with the newer emphasis on symptoms and signs.

The three phases of nursing: environmental, physical, mental.

Medication—correlation with classroom instruction in materia medica.

Diet in relation to the disease.

Laboratory findings and their interpretation to allow for intelligent observation.

Concurrent health teaching.

Rehabilitation.

Perhaps we have not gone far with this ward teaching programme but at least we have our foot in the door and we are keenly aware of the value of curriculum guidance.

Public Health in Schools of Nursing

ESTHER LEWIS, B.A.

Health Adviser, Public Health Instructor, School of Nursing, Montreal General Hospital

The seed of public health needs only to be scattered in order to find soil and take root. Throughout Canada areas of fertility abound, and though gardeners are all too few, small patches under cultivation show that some of the seed has fallen. An analysis of reports from twenty schools of nursing from Prince Edward Island to Victoria has been made for the purpose of measuring growth during the last two years. Maximum attainment has of course nowhere been reached, but the green shoots, here just pushing through, and there well grown, seem to point the way to maturity.

Health Services: It appears to be a sound principle in attempting something new to base our efforts on a familiar procedure. Those schools which have made a definite attempt at the integration of public health have followed this natural tendency. For example, sixteen of thesetwenty schools have begun their attack by increased attention to the health of student nurses. The prevention of tuberculosis draws close attention in five of these schools, through frequent Mantoux tests, X-rays and emphasis on health education. The preliminary physical examination is conducted by a tuberculosis specialist in one school. Four give Wasserman tests and four have qualified physical education instructors. Fifteen days leave is allowed by one school to encourage early reporting of illness.

Health Education: Four reports show definite correlation between the care of student nurses and health education on admission. There are ten or more schools giving preliminary health education courses which emphasize prevention and personal responsibility for health. The trend is towards application of life situations, with discussion by the class, and towards the use of health projects to strengthen health consciousness. It is stated that resources for health education such as the outdoor department are being developed.

The second course in health education is approached in a different way by each of the three schools which have taken it up. The Toronto General Hospital reports, "concerted effort to health on wards and in classrooms". Edmonton offers "Principles and Methods of Teaching Health Education" a course given by Miss MacLeod, University Director of Nursing. At the Montreal General Hospital, this course prepares the student nurse to teach health, and dwells upon the consideration of social and economic factors in relation to health.

Community Health and Social Needs: In the *Proposed Curriculum*, however, a separate course in community health and social needs is outlined. The present diversity of approach to problems inherent in the construction of a course of this kind may be evidence of confusion as to its meaning, or this diversity may be due to considerable discrepancy in means for carrying out such a course. The tendency however, among the eight schools who have made a beginning, is to look outside for inspiration. Should we not start with the patient in the hospital situation, and lead out to the community? For example, apply principles

of teaching and laws of learning to the education of the patient in our daily contact; follow through by consideration of his home situation when he leaves, and lead up to the discussion of community resources for the promotion of health. A Council to formulate community health and social needs, and to plan instruction and ways of meeting these needs has been organized in a western province. Kingston declares much has been gained through the *Curriculum* suggestions. New Brunswick informs the nurses of health requirements throughout the province, and of plans developed to meet them. Halifax Infirmary places emphasis on community health aspects from the beginning of the course, and employs qualified doctors and nurses to give lectures in public health. Three other Canadian schools also give lecture courses on this subject.

Affiliations: Of the twenty schools under discussion, twelve strive for community experience for their students. Seven utilize their own Social Service Departments, and nine have some affiliation with outside agencies. The greatest number of these outside contacts is provided by the Victorian Order of Nurses. Other co-operating agencies are two provincial venereal disease control clinics, and child welfare, school nursing and tuberculosis agencies to a slight degree. In Montreal, the Family Welfare Association and the Victorian Order of Nurses do co-operate to a limited extent, and are willing to expand this service, as are other agencies, when the nursing curriculum is prepared to make use of their facilities.

Public Health Nurse: Of the five schools expressing an opinion on the addition of a public health nurse to the staff, one states that this plan is "impractical for years to come, for financial reasons." Two others employ a total of five nurses with post-graduate courses in public health, in clinics and on the wards. An instructor with public health experience is to take up her duties at the Toronto General Hospital this fall. In January 1937, the Montreal General Hospital appointed a nurse with teaching experience as public health instructor and health adviser to student nurses. As health officer, Dr. B. S. Johnston, Assistant General Superintendent, directs the organized health service.

So closely allied are medical and nursing services that for a long time the growing trend towards preventive medicine had been reflected in nursing activities. The appointment of a public health nurse was therefore the outcome of the need for someone who had experience in this field to assist in the preparation of the nurse for community service. Success may be measured by the degree to which the teaching and practise of health complement all other factors in nursing education.

May I express observations on what I have learned regarding the duties and functions of the public health nurse in a school of nursing? First of all her functions and opportunities are limited. Her sphere is a very definite one, but it is bounded by and tied up with the lawful activities of her fellow workers. In carrying out her function of teaching, the mere giving of theory will not inculcate public health any more than studying nutrition will nourish. No, in order to be fed we must eat, and in order to promote health all concerned must practise it. It is the duty and privilege of the public health nurse, after surveying the hospital field, to initiate a programme, to guide its course and to correlate the activities directed towards its fulfilment. However, each teacher, supervisor, administrator and head nurse must share the responsibility of the health approach. Until the appointment of a sufficient number of supervisors, this responsibil-

ity, for head nurses, includes the supervision of follow-up practice of what has been taught in the class room.

The hospital is rich soil for the promotion of health and for studying human relationships. Even a brief vision of the endless responsibilities dwarfs our modest beginnings. The exciting task ahead is to make the most of our golden opportunities. Let us plan to use these resources, plan to start at once, when the student comes in. Then follow through, build, integrate. Adjust as we go along, linking up with the daily scene in other fields; point out relationships of one department to another; to the hospital; of the hospital to the community; of worker to worker; of nursing to social work to medicine. Use community resources as pictures to illustrate your story, but do not depend on them to tell the tale. Make your pictures move and give them colour by the introduction of human illustrations in the outdoor, in social service and on the ward.

Successful teaching will stimulate enquiry. Comparison of the situation in which we are working with health standards will then be inevitable. If we are prepared for this we will be ready to try to find a solution to problems such as long hours, restricting uniforms, lack of adequate hand washing facilities. Unless our environment conforms with health standards will it do much good to talk of medical asepsis? One superintendent of nurses suggested that until we could provide facilities for sterilization of dishes, and proper disposal of linen at the bedside, and until we furnish individual equipment for all patients, our teaching of health measures would carry little weight.

Questions of this kind might profitably form the nucleus of staff conferences. Public health experience is most desirable for all staff members, but since this cannot be accomplished with the wave of a wand, a definite staff education programme should provide mutual opportunities for understanding. The public health nurse logically carries over health education to health service activities. It is here as in later courses dealing with community health that she draws so fruitfully on her field experience. Continued contact with community agencies serves as a stimulus, and assists in working out new developments.

Montreal General Hospital: A brief summary of the programme in progress at the Montreal General Hospital may carry conviction that to be public health nurse in a school of nursing is a full-time job, and one which only the experienced nurse can tackle with confidence:

The Health Service follows the requirements of the Curriculum with the exception of psychological tests and Wasserman tests. In conjunction with health measures such as the physical examination and immunization programme, a course in health education is conducted in the preliminary term. This course is given to familiarize the students with the functions and administration of the Health Service, to discuss and promote health practises by the student nurse in the hospital environment; and to develop in each one a responsible attitude towards health maintenance.

A plan of experience in the outpatient department whereby the student glimpses the interdependence of health and social institutions has also been established for the preliminary student. This series of talks, clinical observations and seminar discussions is designed to draw attention to the patient as a member of the family and community. During this time excursions are made to four centres, selected for educational value, and where the work carried on illustrates preventive and social measures.

One week's supervised experience in Social Service, including a number of home visits and further community contacts, follows at a later date.

The second course in health education, already referred to, prepares the nurse to give individual health teaching to the patient on the ward, with emphasis on adaptation to patient's home conditions. As in other units of this introduction to public health, success depends largely upon the co-operation of the head nurse and social worker. We hope that this course may prove the foundation for a third year series on home and community nursing. A day on the district with the Victorian Order Nurse has been demonstrated to the last two graduating classes.

The innovation which arouses no controversy and meets with no obstacles is a tame one. It is also likely to be an unproductive garden which grows no weeds among the flowers. Vigilance and hard work are required to uproot the superfluous and break down difficulties. When the day's work is done, we stand still, with senses alert, to feel the throb of the earth, and know that our garden is growing.

The Proposed Curriculum in Action

THE STORY OF A VERY YOUNG SCHOOL

E. K. Russell

Director, the School of Nursing of the University of Toronto

In presenting this paper, the significance of the new work of the School as a public health course has been ignored. In explanation, the reader is directed to the title of the paper. It is the relation of the School to the Curriculum that is presented in order to discuss the fundamental question of the support and administration of nursing schools. E.K.R.

The title of this paper gives the explanation for its appearance at this session. We have been studying the *Curriculum* all morning and now we are not departing from that subject but merely approaching it from a fresh angle. In presenting the matter under the title which has just been given, there appears to be a claim that a new school is putting the *Proposed Curriculum* into effect in some rather particular degree: and in the title there is also the further inference that the *Curriculum* itself has something distinctly revolutionary in its proposals, a something that relates a new school to it. My purpose in speaking is two fold: first, to draw attention to the exact meaning of these *Curriculum* proposals: and second, to ask from you a very lively interest in a particular school, which appears to be practising the most fundamental precepts of the *Curriculum*.

Five years ago a small new school was started in Toronto—the School of Nursing of the University of Toronto—and it is of this school I would speak. It was taking form just as the *Curriculum* was being written and both,

working independently of each other, seemed to give expression to the same philosophy, a fact which has rather startling significance. Most of you know the general outline of the School, so a very brief statement regarding this should suffice. The School is a recognized school of nursing in the Province of Ontario: it occupies a building which is used for both residential and school purposes and which is situated very close to the Toronto General Hospital: it is a properly constituted teaching department of the University of Toronto: it gives a training course in nursing which is thirty-eight months in length and which combines curative and preventive teaching at all times throughout the entire period; the graduate earns a double diploma, being qualified for the practice of both hospital nursing and public health nursing: the student pays tuition fees and also maintenance costs: the course has nothing to do with university degree work; the general bedside training is received in the wards of the Toronto General Hospital, special hospital training in other hospitals, and public health training with certain public health associations. The important distinction between this School and others is not that it is a university school for this fact is relatively unimportant to this discussion, or at least to this stage of the discussion. The distinctive feature of the school is that it is free to control its educational policies and to treat its pupils only as pupils. It has its own income. It is what is called throughout this paper an independent school.

There is one further fact which must be stated very clearly, namely, that this training course was started on behalf of public health nurses. I hope this does not appear to put it in a class by itself, cut off from the interests and affairs of schools for hospital nurses. Such an attitude is no longer tenable: indeed it is getting more and more difficult to keep these two trainings apart for they occupy so much common ground. At the moment it is enough for our argument that this new school must give to its pupils a thorough bedside training and meet all registration requirements: hence it has complete concern with every principle and procedure of basic training in nursing. It is in every sense a nursing

Let us return now to the *Curriculum* and to the suggestion that it provides for some very radical change in nursing school policies. What is the exact nature of its proposals? Unquestionably it is a demand for very great change in the organization and administration of nursing schools. Let the *Curriculum* speak for itself as follows:

(1) As long as the school of nursing remains economically dependent upon the hospital it is evident that there will be certain limitations to the accomplishment of the aims of nursing education.

(2) It is hoped that ultimately the support of nursing education will be recognized as a public responsibility and schools of nursing will become professional institutions maintained by public funds.

(3) . . . . under prevailing conditions of administration, hospital schools of nursing in Canada are handicapped in carrying out fully their educational programmes. . . .

(4) The primary difficulty in the successful administration of schools of nursing by hospitals is the lack of financial support.

(5) It is the general feeling that little can be done to strengthen and enrich the undergraduate course until the hours on duty for student nurses be reduced . .

(6) The educational value of ward experience depends upon . . . how well the ward is staffed with graduates who will carry the nursing service other than that selected for student education.

All of these quotations emphasize a changed relationship between the nursing school and the hospital. In truth the *Curriculum* speaks of a "transition period" during which many of these reforms might be carried out, saying that more radical change in the relationship of the school to the hospital could follow later; but it is evident that the entire plan for the training course as set forth in the *Curriculum* could not be put into effect in a hospital-administered school and that the transition period mentioned by the writers could see but limited application of it. Look at the picture that is drawn. Can you see the hospitals of Canada staffing their wards adequately with graduate nurses, and also maintaining nursing schools of the kind outlined here, in which there are teaching staffs and pupils of the kind proposed, in which the pupils work only eight hours a day for only six, or even five and a half, days a week, in which the suggested care of health and social conditions is given and in which the training course is the broad general training for hospital nursing and community nursing that is here proposed? Can anyone think of this as a possibility for even one hospital in this whole country!

It is evident that the *Curriculum* calls for a nursing school that is independent of the hospital. The hospitals have done a great deal to help with the development of nursing schools. Much of this is being done to-day with very real generosity. But hospitals cannot do the impossible, and slowly they are coming to realize that the nursing service of the hospital and the nursing school are two separate matters and the hospital cannot be responsible for both. We should not ask for that.

My contention (amply upheld by the *Curriculum,* I believe) is that an independent school of nursing makes absolute demand for the following five conditions:

Its administration would be free from hospital control.

It would have its own income, and thus be able to plan, and to pay for, an educational programme.

It would have a teaching field in hospital and community.

The hospital where the pupils practise would have a staff of graduate nurses to provide a stable background of nursing service so that the pupils would be free for placement at the wish of the school.

The pupils would pay some fees (or someone would pay on their behalf).

With these five strokes we draw the first outline of an independent school of nursing. The *Curriculum* continues (on pages 12 and 13) to fill in the picture a bit further by listing eleven points which have been emphasized by nurses throughout Canada for much-needed reform. A careful examination will show how much the fulfilment of these eleven demands must depend upon the conditions which have just been listed as essential characteristics of an independent school. Let us then push back again to those essential conditions and stay with them until we have extracted every ounce of their significance. After careful study, it would seem that they might be summed up in two statements, namely:

The school would be free; i.e. it would be independent financially and thus free from hospital administration.

The pupils would be free; i.e. they would bear a special relation to the work of the hospital and not be the first line of employees: the conditions of their practical work would be adjustable at all times.

Now that the essential nature of an independent nursing school has been defined with the added statement that

this seems to be what the *Curriculum* is demanding, we must turn back to the Canadian Nurses Association, that is to ourselves, and ask what we really want in this matter. Glancing back over the Association's activities of the immediate past we might think the answer was clear. For ten years we have been surveying, and studying, and recommending, with regard to our nursing schools. Everyone has seemed to agree that there was a fundamental confusion in the fact that the nursing school has had to play a dual rôle or, as the *Curriculum* puts it, "to fulfil two functions", namely, education and service. Everyone has seemed to agree that there could not be freedom of educational procedure while the hospital was paying for the school and using the pupils as employees. Everyone has seemed to agree that, in those circumstances, we could not protect both the pupil and the patient; that, indeed, we could not protect either one. To the credit of our group lies the fact that our concern has been quite as much for the neglected patient as for the neglected pupil. It seems to have been agreed that if money were forthcoming to finance adequate schools we would have them gladly.

Yet at the present we begin to find contradictions. The full desirability of the *Curriculum* proposals seems to be in question and certain arguments are being used which, whether intended so or not, are bulwarking the old system of hospital schools and which, if carried to their logical conclusion, would weaken the case for the independent school that the *Curriculum* seems to be proposing as an ultimate objective. It is hard to account exactly for this contradictory attitude but probably it is made up of many elements. There is a quite justifiable questioning as to whether any good thing would be lost through change; there are strong professional jealousies, in both the good and the bad senses of the word; there is the powerful appeal of the *status quo*, and so on. Thus the contradictory attitude may be explainable but it is none the less awkward for the sponsors of the *Curriculum* and for the sponsors of the new independent school of which I am speaking. It is difficult to approve the *Curriculum* if its principles are considered not safe for even one school.

So far we have been talking about the deeper implications of this *Curriculum*, of its apparent demand for an independent school of nursing, and of the attitude of our professional association to an independent school. We have been pressing the question of whether such an institution is wanted. Now it is time to turn to the other side of our topic and examine the new school which is said to be giving a demonstration of the methods that are set forth in the *Curriculum*. A combination of circumstances has brought to Toronto (temporarily) the necessary money for starting a school on this new and independent basis, and now it remains to be seen whether or not the demonstration that it can provide is to be of service to the Canadian Nurses Association.

In discussing this new school we must utter a warning. In trying to evaluate the work of any institution it is always exceedingly difficult to separate the results that are inherent in the system from those that are due to incidental factors. A good system can be badly crippled by imperfect handling. Doubtless this particular demonstration of this new system (*i.e.* the independent school) has been weakened by inadequate work at many points, while unnecessary mistakes have blurred the picture. We did not expect to avoid these mistakes, but we regret them all the more because they do blur the picture which it is our duty to outline before you with clarity.

I would not say, however, that the system of the school, *as a school,* is on trial. The basic educational principles and procedures which are being used have been fully tested and proven in the world of education, so there is nothing experimental there—neither is there anything original. It is the application of these principles to nursing schools that is being tested. We must find out if we really want independent schools or to what extent we want them. The fact that we have one school to make a demonstration of this kind should help us to count the cost, that is the financial cost and the professional cost.

It has been said already that certain arguments appear to be supporting the case for the old form of hospital school and, at the same time, to withhold favour from the independent school. There are at least three that touch upon very serious matters. Each should be examined and, in turn, we must see what experience the new school has had with regard to each one. The three are as follows:

1. There is the fear that the pupil in an independent school would feel detached from the hospital, indeed from the patients and from nursing. Curiously the idea seems to be that this pupil would have *no home school,* in fact that she would not belong to nursing but would remain an outsider. Our answer to that is that any worthy nursing school can provide the integrating force that will make one whole out of all the experience of the training course. It can give to its pupils the fullest sense of belonging to her patients and her profession. It claims the pupil's loyalty to nursing. What more is wanted!

2. There seems to be a foregone conclusion that the students in an independent school will feel, or will be held, less responsible for their patients than the students feel, or are held to be, when the hospital pays for the nursing school and uses the students as employees. This idea follows from certain misunderstandings which we hope to remove but there is so much confusion of argument on the mater that it is hard to disentagle it. While trying to get it clear let us turn to the *Curriculum.* We find that it does not seem to suggest that the student's feeling of responsibility for her patients depends at all upon the question of who pays for the nursing service: instead of that the *Curriculum* has a deep faith in the educational principle that learning comes from doing; that the nurse learns to accept responsibility for her patients by taking responsibility for her patients. It is the discussion on page 165 to which I am referring. The *Curriculum* is speaking there in favor of patient-assignment and says that, through this method, the student "gradually develops a personal interest in, and a complete responsibility for" the "physical and mental needs" of the patients. And yet this is just what we are trying to do in this new school for to some extent we are using this method of patient-assignment . I can give you no proof of either success or failure, but I can say that we believe that the Curriculum is correct and that, *other things being equal,* the student is an independent school can learn to feel the deepest sense of responsibility for her patients by experiencing this responsibility, with time to do good nursing and time to think about what good nursing really means. While upon this subject of teaching nurses to accept responsibility I could go further. There are many responsibilities which all pupil nurses should be learning to accept and which they are not experiencing in most schools. I would press the claim for more attention to these and later in this paper shall return to the subject briefly.

3. There is the fear that the controlled conditions and systematic teaching given in an independent school will tend to make the pupil selfish and weak and lacking in initiative. Conversely, it seems to be argued that the conditions of pressure and uncertainty of a hospital school, and particularly the long hours and the abnormal living conditions, and the frequent lack of clinical instruction all help to make the pupil unselfish and independent and resourceful and full of initiative. In spite of this feeling, this independent school has proposed that the following conditions be arranged:

(a) That the pupil be placed in the ward where she needs practice.

(b) That the length of stay be determined by the pupil's needs.

(c) That the hours on duty be determined by the pupil's need.

(d) That the particular ward experience be given at the time in the training period when it will serve the pupil's purpose.

(e) That as the pupil is in the wards to learn, systematic ward teaching be given both to those on day duty and those on night duty.

(f) That lectures and clinical experience in any subject should be co-ordinated.

We hope that all of these things may be done without making the student selfish or weak or dependent. The very act of nursing, if well done, makes demands for such a full expenditure of the nurse's self on behalf of the patient and the hospital, or the community, that there is no need to seek extraneous influences to promote unselfishness and independence and initiative and resourcefulness. All sick nursing, and all public health nursing, properly handled should do this for the pupils that are at work. This is a subject of vital importance to the whole future of nursing schools: in this brief and hurried apology I can pause but long enough to beg for an unbiased study of the matter.

Thus we have recounted three arguments that seem to prejudice our professional body in favour of the usual hospital school and to discredit the independent nursing school. The fact that the nursing group may be unconscious of this prejudice tends to make an effect none the less serious. There is no doubt in my mind that my selection of these particular matters for argument will cause surprise and question. Perhaps to the on-looker they seem very trivial. But experience is teaching us that they are of primary importance and that little progress will be made until we have dealt with them very fully. On the one hand, the essential character of the nurse is in question, and on the other, the most fundamental of educational principles. I can serve you best by bringing to you the experience in these matters of our new school. Now I leave the matter to your judgment.

There is much more information concerning this school which might now be added. Doubtless you would be interested in the costs, the enrolment, the graduates, the working conditions, the detail of curriculum and so on. But there is no time for any of these. There are a number of things, however, that must yet be added. One of these is the matter of acknowledgment to the hospital nursing schools and the public health nursing services with which the school is affiliated. Through the years when the school has been the greatest trial to others there has been very much of gracious hospitality and very real kindness, and an opening has been made for the pupils of the school to practise nursing both in the hospital and in the community. There is one condition of the school which is not desirable in that it has not a hospital to which, to use a

popular phrase, "it belongs." Probably every nursing school should be the one school associated very closely with one hospital to the extent that the two feel that they belong to each other. However, though it lacks this hospital of "its own", the Toronto General has opened its doors to the school and thus has made the beginning possible and for all that has been done the new school is very grateful. Very real kindness and co-operation have been given also by the Hospital for Sick Children, the Isolation Hospital, the Psychiatric Hospital, the Women's College Hospital, the Tuberculosis Hospital at Weston, the Toronto and the Ontario Health Departments, the St. Elizabeth Nurses, the Victorian Order and the Ontario Red Cross, as well as by various social organizations. The hospitals cannot change their systems to meet the need of this school but much adapting has been done, and to quite a large extent the principles of an independent school have been tested.

There is one extremely difficult side to this pioneer effort and that is that at present it has to be carried on at what appears to be an abnormal cost to the student, a cost that should be lowered when the hospital can make even a very small allowance to the school for service received, and lowered still more when larger classes can be enrolled by the school. It is very difficult to explain this cost to the parents and we are continually amazed at the fact that any will pay it, and even make sacrifice to pay it, as many of the parents of our students are doing. We believe that the student is getting value in protected health of mind and body, and in educational benefits of great significance, but it is very hard to explain these things to lay people. These facts give the school a very great sense of responsibility for giving to the pupil all of that for which she is paying. This matter of payment is one of grave concern to the school and one that must be spoken of because there is not a proper understanding of it. There is a fear that students who pay their way may be snobbish, but we have not found them so: nor is it snobbish on the part of parents to expect to get that for which they pay and to ask for explanations when it is not forthcoming. We must remember that the *Curriculum* says that lack of money is a primary difficulty in the hospital school!

Although it means a digression, may I return now to the earlier statement that graduate nurses in general are not prepared adequately to meet the responsibilities that await them. There is reason to think that they should be decidedly more mature and experienced than they are before going forth to independent practice. A great advance could be made if we would add a fourth year to the nurse's preparation and this could be done in a fashion that would be of benefit to the pupil and to all others that are concerned. Could we let all formal school work finish at the end of three years, but require the nurse to work a fourth year—either in the hospital or the community—upon a small salary and thus provide continued practice under supervision for her during this additional year. You know that this system is used in some English schools.

In bringing this paper to a close may we sum up the argument. We have claimed that the full suggestions for a general training as proposed by the *Curriculum* could be carried out only in a school that is free from hospital responsibilities; we have said that it is this freedom from hospital control that makes a school an independent school; and we have given you the brief experience of one independent school on certain matters that are of primary importance, hoping to enlist throughout Canada a lively sympathy, not a kind and

polite but detached interest. Now the professional association must decide which kind or kinds, of school it really wants in order that it may direct its work accordingly. Is it the old apprenticeship system that is preferred or the general training that this *Curriculum* proposes? Or should we hold mainly to the old, while giving careful trial to the new in certain demonstration schools. Where we choose the hospital apprenticeship, we should be sincere, and honest in accepting it, do the best we can with it, but not attempt the impossible. Some very foolish and wrong things have been done in the effort to satisfy, at one and the same time, the expanding service needs and the expanding educational needs of hospital nursing, and to do all of this with the minds and bodies of young girls of nineteen years of age.

The hospital schools are here and, for a time at least, we must continue with them. In reforms we would counsel moderation and restraint. I am not arguing for a sudden upheaval and change to independent schools. I am only asking for an open-minded and unprejudiced interest in *one* independent school, and I am supporting the request by making the claim that this independent school is only putting into practice the proposals of the *Curriculum*.

Economic Security for Nurses

A. Gordon Nairn

Field Supervisor, The Life Underwriters Association of Canada

In the life insurance business for a great number of years the majority of people who purchased life insurance contracts were of the opinion that they had to die to win and that the main function of life insurance was to protect their dependents in the event of their premature death. Naturally that is still one of the main functions of the life insurance business, but to-day the public are realizing that the problem of living too long is just as serious as the problem of dying too soon. Actuaries will tell you that 70 out of every 100 people at age 35 will live to age 60 and that 65 out of every 100 at age 35 will live to age 65. Financial solvency in old age is a very real problem confronting both the individual and the state.

As to how successful individuals have been in creating for themselves financial independence in their later years is open to question. As recently as 1929, the State of New York sent trained investigators throughout the whole State to learn from men who were 65 years of age or older exactly what their financial experience in life had been and as to their present financial status. These investigators talked to men at work, to men at home, to poor men, to rich men, men on farms, men at city desks, and when the investigation was finished, they pooled the figures and from this

great old age melting pot came the following report: Of every 100 men, age 65 years or older, only 5 had independent incomes large enough to enable them to retire in decent comfort; 28 had to continue to work for a living; 67 were dependent either upon public charity or the kindness of former employers and family friends. If such a survey had been made in so far as older women were concerned, possibly a somewhat more favorable picture might have been found but in the main it would not have differed very much from the one I have just presented. I have cited these facts to show that although people are cognizant of the problem, they are in the main unable to surmount it through the ordinary avenues of saving. That is why the life insurance business is assisting individuals in offering plans that they can follow step by step, and know that if these plans are followed through to maturity there will be no question as to their future solvency.

Broadly speaking, your problem as individuals should be broken down into two main categories, first the case where you may have others depending upon your earning an income, and second the case where your only concern is in creating a pension fund for your own retirement. In the first case the life insurance business is the only business constituted to take care of this situation so that if your present income is terminated by your death, your dependents may have this income or a portion of it continued to them for as long as they may require it after your death.

In making provision for these dependents now through life insurance, you can at the same time build for yourselves a pension fund. As to what type of policy you should buy to make provision for both your dependents and your own retirement must be determined by the amount required for your dependents and the amount of savings you desire to accumulate for retirement purposes, keeping in mind your ability to pay for such policy. For instance, the only difference (from the point of view of accumulating a pension fund) between a $1,000. ordinary life policy and a $1,000. endowment policy, maturing at age 65, lies in the amount of money you will accumulate, on the first plan, at age 65, as compared with the greater amount you will have accumulated on the second plan at the same age. In both cases the protection to your dependents will be the same. If your dependent need is not great, and you desire as large a retirement income as possible, you will be more interested in buying the latter type of policy, at a higher premium rate than the former. In every case the decision should be arrived at after consideration of the individual circumstances.

So far as the second situation is concerned, namely where you as an individual do not have anyone dependent upon your present income, your problem can best be solved by the purchase of a pension bond, or, as it is sometimes called, a deferred annuity contract, which does not contain any life insurance protection but concerns itself only with the accumulation of a fund which can be used to supply you with either an income or a lump sum of money when the time arrives for you to retire. A pension policy, which does not contain any life insurance indemnity in the event of death, after it has been in force some few years does provide a sum of money, (the accumulated premiums with interest) to take care of last illness expenses, so that no one has to suffer financial loss thereby.

I believe it is important for you to study from various angles any plan which an individual may desire to use in creating a pension fund. Not only must we have a plan which guarantees benefits

and which will not be affected by economic conditions or investment losses, but we must also have a plan which has in it the element of voluntary compulsion. The reason why so few individuals are independent when they arrive at the age of 65 is not so much because these individuals had not been earning fair incomes during their period of active employment, nor that they did not endeavour to save a portion of this income during such period, but rather because they did not carry these savings projects through to maturity. One of the most worthwhile features of the life insurance contract is the fact that through a system of premium notices and service calls by agents, the policyholder is assisted in carrying through his or her plan to maturity.

One of the exigencies of life is the emergency situation when there is dire necessity for immediate money. Every contract sold by life insurance companies, with the exception of a term policy, after the policy has been in force for some few years, does provide such emergency fund. For instance, an individual may become suddenly ill and need immediate funds to repair his or her health so that they can in time continue to work and so earn an income enabling them to resume their savings project. Every life insurance company operating in Canada can add a clause to any contract they offer which provides that if an individual becomes permanently disabled the company will then pay all future premiums on the contract when they fall due. This is known as a waiver of premium provision.

The emergency fund contained in a life insurance contract is also of particular interest to single women who, while making provision for their future old age dependency, may naturally presume that their whole status may change through marriage. In such event the life insurance plan gives them a great degree of flexibility. They can either continue the plan, or have their husbands continue it, through to maturity so that they will have an independent income in later years, or they may take the accumulated savings and use them in whatever manner they desire.

Finally, there is another angle from which a savings plan should be studied. Let us assume that the plan has been followed through to maturity and the time arrives when the individual is in need of the accumulated savings. Such plan should then have flexibility in the use that may be made of these savings, just as the plan should have flexibility in the intervening years when emergency situations may arise. Should not the individual be in a position to either take this accumulated savings in the form of income, with or without a guaranteed period of payment, or have the right to take a lump settlement in cash? Not very long ago I was discussing this situation with the general manager of one of the life insurance companies doing business in Canada and he told me that an increasing number of these pension policies and endowments were maturing with his company and that it had been ascertained that 50% of the holders of such contracts when they reached age 65 were in a state of impaired health and consequently had a reduced chance of living the expected span of life for people of their age. It is apparent therefore that there is real value in being able to choose a life income or a sum of money, according to the need of each individual when such individual attains retirement age. It would appear wiser when an individual purchases a deferred annuity contract at say age 25 or 30 that such individual be not compelled to make an irrevocable decision at that time as to how the annuity will be paid at retirement, whether

in income form or by way of a lump sum payment, but be permitted to make a decision at retirement when the exact situation is apparent. Life insurance contracts are the only contracts which provide such flexibility.

In summing up, may I repeat that the type of contract an individual such as a nurse should purchase depends first of all on whether such individual must provide for people dependent upon her income or has no such need but is only faced with a pension problem for her own old age. Every savings plan should be studied from the point of view as to whether there is sufficient voluntary compulsion to ensure the completion of the plan, whether there is sufficient flexibility in the carrying through of the plan to meet emergency situations, and finally whether on the consummation of the plan there is sufficient flexibility to properly take care of the situation.

More and more people in all walks of life, labourers, farmers, professional men and women are daily finding that the life insurance companies can offer them plans whereby they can, with complete confidence, face every problem of life without fear in the realization that these plans are not only safe, but sufficiently flexible to enable them to do the things they want to do for their dependents or for themselves.

Canadian Government Annuities

J. L. Mercier
District Representative, Halifax

Although the Act was passed some thirty years ago, it is only in recent years that the public has really begun to take advantage of Government Annuities as a means of making provision for old age. As some of you may not be familiar with just what a Canadian Government Annuity really is, let me explain that it is a fixed yearly income paid by the Government of Canada for life. You may purchase these annuities in the same way as you deposit your money in the savings bank during the productive years of your life. The premium payments may be made through the money order wicket of any post-office. Payment of the annuity ordinarily commences when your earning powers have departed because of old age, and continues as long as you live. The security of the whole Dominion is back of your purchase; it is free from Dominion Government taxation; it is not tranferable; it cannot be lost or stolen; it cannot be forfeited; it cannot be seized or levied upon by any law or court; no medical examination is required.

Most persons make ample provision by means of life insurance to take care of any contingency arising in the event of death, but the great majority of people do not realize that there is a possibility of their living to a very advanced age and unless they make provision for that time they may find themselves without means of support when they are no longerable to help themselves. Out of every hundred Canadians starting into life at the age of twenty-five, eight are dead, twenty are well-to-do, sixty-six are living on their earnings, and six are not self-supporting at the age of thirty-five a period of only ten years. The dead and non-self-supporting increase in about equal percentages until at the age of sixty-five we find forty-four are dead, five are

well-to-do, five are living on their earnings and forty-six are non-self-supporting. Out of every hundred who buoyantly set out at twenty-five, forty years later finds ninety percent dead or dependent on some one else for their living. I am not talking blue ruin, and I am sure you women who do various forms of social service work know more about the seamy side of life than I do. Human nature is weak, and good resolutions to set aside regularly a portion of one's earnings are seldom carried out. Even if considerable saving has been made, the temptation of luxury or unwise speculation may nullify the savings of years.

There are two classes of annuities: deferred annuities and immediate annuities. The deferred annuity may be purchased on the ordinary life basis, that is, to cease with death, or it may be guaranteed for a period of years—ten, fifteen, or twenty. By making an annual payment of $146.00 a woman aged 30 could purchase a deferred annuity of $600.00 on the guaranteed ten-year plan, to begin at the age of 60. You can even start in a small way and build up gradually. An annuity of $300.00 would cost half the amount and payment could be arranged on a basis of $6.00 per month. You are not bound to make regular payments and may pay as much or as little as you like. If death should occur before the death of maturity of the contract, all premium payments made would be returned to the estate with 4 per cent compound interest added. If death occurs after the annuity begins, and within ten years, the annuity is paid to the estate for the balance of the guaranteed period.

The disposition of the annuity can be controlled by will. Every person should make a will; in many cases it saves a lot of heart aches and litigation. The total amount paid for the annuity in question is $4381.00, and the least possible return for that investment is $6000.00. This protects the investment at least 4 per cent. Of course the annuitant would continue to receive her annuity even if she lived to be a hundred.

The deferred annuity may also be purchased by making a single cash payment. The purchase money is paid in a lump sum, the annuity to start at a later date. If, for example, a woman aged 50 invested $1,000.00 and deferred her annuity until the age of 60 she would receive an annuity of $105.00; an investment of $5,000.00 would buy an annuity of $525.00. The annual premium payments may be divided into half-yearly, quarterly, or monthly payments without additional cost. If for any reason the payments are interrupted there is no penalty, the payments may be made up later, and if not, on maturity of the contract, a proportionate amount of the annuity would be paid. If a decision were made to purchase on the age of 60 basis, it does not necessarily mean that the annuitant must wait until that age to start drawing her annuity, it can be matured at any time, a proportionate amount being paid.

The immediate annuity is paid for in a lump sum and the annuity commences immediately. If a woman aged 55 invested $1,000.00 she would receive an immediate annuity of $67.80. An investment of $10,000.00 would buy her an annuity of $678.00. This gives a return of 6.7 per cent, and a definite income for life. The elasticity of the contract should appeal to nurses. The arduous nature of your work often makes it necessary for you to have periods of rest, in many cases without remuneration, also there is the question of contnued employment.

Full information and booklets may be obtained by writing to the Superintendent of Government Annuities, Ottawa.

Pension Plans in other Countries

KATHLEEN W. ELLIS

Secretary-treasurer and Registrar, Saskatchewan Registered Nurses Association

It has been said that while nurses are not generally protected by their employers nor by special act, they have in their associations, organizations which may help them to create their own security. A résumé of pension schemes for nurses in other countries will show to what extent associations have succeeded in using this organization for the future protection of their members.

In considering pension schemes and insurance for nurses, among other factors it should be borne in mind that these plans may be of at least three varieties: (1) Provision made by the State for wage-earners in general, in which nurses are included. Such provision may be subject to a variety of regulations, including protection on a contributory basis involving employer and employee. These schemes do not take into consideration the individual worker or private duty nurse. (2) Pension or insurance covering special groups, such as nurses in English Poor Law Infirmaries who come under the Poor Law Officers Superannuation Act, or nurses in government employ. (3) Pension plans developed exclusively for nurses either by a government by special act, as in Sweden, or by professional associations sponsoring some plan, as the superannuation fund of the South African Trained Nurses Association, or the Harmon Plan for the protection of nurses, endorsed by three national organizations in the United States. It is with the latter type of insurance that this discussion is concerned.

On the advice of the Secretary of the International Council of Nurses, twenty-five countries were directly approached with requests for information. Replies have not been received from all, so the following cannot be regarded as a complete summary.

Great Britain: Nurses in England are now protected under four different acts. Two of these are applicable to them as wage-earners, if working in special groups. Under the Health Insurance Act of 1909, any English nurse having an insurance card stamped for five years before she reaches the age of sixty-five can claim a life pension of ten shillings a week. The insufficiency of this pension has led to schemes for supplementing it.

Great Britain reports that the Royal British Pension Fund for Nurses, which has now about three thousand pensioners, was started in London in 1887. It is stated that while this represents the earliest efforts made anywhere to meet this need, various other means have since been devised in England and other countries.

In England, in 1930, an unknown benefactor presented the sum of one hundred thousand pounds to form a nucleus of a fund to provide pensions and grants for district nurses.

The South African Nurses' Association: states that all nurses directly in government employ come under the State pensions. As very nearly all private duty nurses fall outside these, the Superannuation Fund of the South African Trained Nurses Association was established in 1930 and takes into consideration the private duty nurses and midwives. It makes provision for old age

and against untimely death. The scheme is open to all duly accredited members of the South African Trained Nurses Association who wish to join it, and who may participate in the following benefits:

A cash sum or annuity payable to the nurse at superannuation age.

A cash sum payable to the nurse's estate in event of death prior to superannuation age.

A welfare fund.

This superannuation scheme is endorsed by the South African Trained Nurses Association. The underwriter is the Colonial Mutual Life Assurance Society, whose standing is recognized as sound.

Applications are made to the secretary of the Local Branch of the South African Trained Nurses Association. Payments go through similar channels. The individual nurse is privileged to fix her own superannuation age and the amount that is to be paid over a period of years is fixed, the amount of the annuity being governed by these. All payments are made in advance, but yearly, half-yearly, quarterly or monthly, as the contributor desires.

Three trustees are appointed in each branch of the Nurses Association. The interests of the members are further safeguarded by supervision at Headquarters whereby all contributions and payments are checked by the general treasurer of the Association. Special provision is made for transfer or discontinuance of membership in the fund. The latter automatically takes place if the nurse resigns from the Association.

The working of the scheme is described as a simple one. It is popular because no individual contract can bear the full benefits obtainable under group contract. It differs from other superannuation schemes as it allows:

A nurse may fix her own superannuation age, and her contribution, entirely at her own discretion instead of being subject to a definite scale laid down by an outside authority.

The utmost flexibility of employment is permitted. Contributors may be transferred from one institution or organization to another. A nurse may take up private work or even give up nursing altogether, without sacrificing her benefits under the scheme, although a cash surrender value is not available until after 3¼ years' contributions have been paid.

Many nurses may join as contributors who by reason of age or other disability could not be accepted under any other insurance scheme.

The South African Trained Nurses Association did not wait for a donation of fifty thousand dollars or a gift of one hundred thousand pounds before initiating the scheme. Unlike the Harmon Plan for nurses in America or the Royal British Pension Fund for Nurses, no mention is made of a donation having been received from outside sources. On the contrary, it is stated that a capital amount is steadily accumulating and is being invested in gilt-edge securities and that this can only be disposed of by the vote of contributing members. The Superannuation Fund was initiated in July, 1930, and has since been adopted by every branch of the South African Trained Nurses Association. An interesting feature of this plan is the inclusion of a Welfare Fund which is built up by a return of 5% of the total contributions paid to the Underwriter's Society and is used at the discretion of the Branch Trustees to assist nurses who by reason of disability or unemployment are temporarily unable to pay their contributions.

Germany: In addition to state regulations which require each nurse in Germany to be assured in the Angestelltenversicherung, many of the nursing groups in Germany have a special pen-

sion fund for nurses. Among these are the Red Cross and the Deaconesses. The "Pensionskass der Freien Wohlfahrtspflege" (Pension Bank of Free Welfare) is founded specially for the benefit of nurses and workers in common welfare. It is a Mutual Benefit Association supported as a mission by the German Evangelical Church, the German Red Cross Society and the German Welfare Society.

It is a supplementary pension to add to the compulsory government pension, which is small. Persons so desiring may join this mutual benefit association, paying a membership fee of five marks ($2.05) and making monthly contributions of various amounts depending upon the age of the member. Membership is possible at any age but contributions are lower with the younger ones. Pensions are paid at the age of sixty, or earlier if the person is disabled or unable to work. Dependents are paid on a percentage basis, payment for children being made up to the age of eighteen.

The Danish Nurses Council Pension Fund: makes provision by which nurses in employment not benefiting by the superannuation schemes, or nurses wishing to add to their pensions, may secure adequate pension, commensurate with their ability to earn. The Old Age Pension for Danish Nurses was established in 1911. The object of this fund is to afford members facilities for saving for their old age, by a small monthly deposit. In case of older nurses not receiving any allowance from any employer, the pension fund is subsidized by the state.

While details of the administration of this fund are not given, it is stated that the Old Age Fund pays a much higher rate of interest than that paid by banks and similar organizations. The directors of this fund also administer several charitable bequests, the interest on which is distributed annually to necessitous nurses.

The Swiss Union of Nurses has made regulations regarding protection in case of illness and an old age insurance for nurses in Switzerland which is described as follows:

> Members of the Swiss Union for Nurses are compelled to join an insurance company approved by the Federal Government. All insurance agencies in Switzerland licensed by the government have to meet certain requirements. The choice of coverage dealing with sick benefit, drugs, etc., is left to the discretion of the individual member. Since 1935 it has also been made compulsory for all members of the Swiss Union of Nurses under thirty years of age, and new members, to take out an old age insurance policy.

The president of the Swiss Union of Nurses comments that while this plan has not been in operation long enough to foretell its effectiveness, indications are that the various insurance associations are taking great care to adjust to the special problems and requirements of nurses as they arise.

In two countries, namely, Sweden and Cuba, while the State provides for all or certain groups, it does so under special laws providing for the pension of nurses.

Sweden: It is reported that the law provides for all except private duty nurses or nurses in special hospitals. The following conditions are those under which the Act is effective.

> The nurse must be a qualified nurse, engaged in active nursing, and working under the direction of a doctor in an institution owned by a foundation. She must be receiving a salary of not less than 1500 Swedish kroner ($389.55) per year, everything found, and must have one month holiday each year.

All these conditions must be approved by the Medical Board in each case.

The employer and employee participate in the scheme on a contributory basis. An employer must include either all or none of his nurses in this plan.

At the age of fifty-five a pension is paid to every nurse provided she has given twenty-five years of service. Failing this she receives a smaller sum in proportion to the duration of service. Full pension amounts to 1848 Swedish kroner ($479.93). The local authorities often add an extra pension.

It is stated that of the eight thousand nurses registered in Sweden about sixty-three hundred are participants in the above plan and that five hundred nurses are drawing pension from the State which amounts to about 60% of their salary.

Latvia: The Pensions Act of July, 1931, includes nurses in Latvia among other workers, but gives them, in certain directions, special privileges.

In France, Bulgaria and Roumania, and several other countries it is stated that the nurses are cared for under State insurance. In most instances this only covers special groups. In France it is reported that nothing much has been planned for nurses working in private clinics, or engaged in private practice, but they contribute to the Social Insurance Plan and at sixty are allowed a pension not exceeding 6500 francs ($185.25), if contributions have been paid regularly.

United States: Coming nearer home we find a comprehensive plan sponsored by the American Nurses Association, and one in which not a few Canadian nurses are participants. It is known as the Harmon Association for the Advancement of Nurses, Inc. It is a non-profit membership co-operative organization, incorporated December 31, 1926, under the Membership Corporation Law of New York. A gift of fifty thousand dollars made the initial undertaking possible. Nursing leaders assisted in the establishment of the Association and serve on its board of directors. A special committee of experts in the nursing profession spent two years in studying the plan and adjusting the system to the special needs of nurses.

The Harmon Plan is endorsed by three national nursing associations—the American Nurses Association, the National League of Nursing Education, and the National Organization for Public Health Nursing in the United States. Its purpose is to help nurses to safeguard their old age and provide for sickness and accident. Any registered nurse may join the Harmon Association provided her attained age nearest birthday is under sixty-five. The Association administers the plan, or plans, through trustees who serve without pay and who help to safeguard the nurses' interest by constant supervision. The plans as they are now developed are:

Group retirement annuities purchased by the Association by contract and met by monthly payments made to the Association and transferred by it to the Metropolitan Life Insurance Company which in turn guarantees the annuity incomes purchased and pays them in monthly instalments from retirement to the end of the nurse's life, or to the beneficiary in case of death before the payments are begun. The plan includes adjustments for cash surrender, inability to continue payments, etc. Without going into details regarding rates, the financial benefit to the individual participating in this special group plan for nurses is apparent.

Since July 1, 1936, group sickness and accident insurance indemnity policy is also available for any registered nurse who is a member of the Harmon Association making payments and who meets certain other requirements usually included in such coverage. By contract with the Continental Casualty Company of Chicago, the Harmon Association makes it possible for those par-

ticipating in these benefits to protect their retirement funds against loss of earning through disability.

As already stated, this review deals principally with special pension schemes for nurses. A closer study gives rather convincing evidence that only specially planned pension schemes take into consideration the independent contractor or private duty nurse, her needs and the circumstances under which she carries on her life's work. Indeed, except for members of industrial and other groups, nurses are often quite definitely exempt from participation in any plan for social security, or are placed outside the terms of such an Act. Therefore, for many members of the nursing profession, protection—except from actual destitution —remains, in many countries, including our own, a matter for personal planning. In such planning nurses are handicapped, because *no* individual arrangement can bear the full benefits and include the privileges obtainable under group contract drawn up to meet special conditions and requirements.

The South African Trained Nurses Association states that the Association was instituted for the purpose of co-operation, mutual assistance and advice, and that the superannuation fund has proved a means of carrying this on. Any organization composed of members of all ages and of varying experiences is faced with the problem of securing a continuing and common interest. Besides other obvious benefits, may not one answer to this problem be found in the establishment of such a fund?

It is also suggested that the existence of a distributing agency may be welcomed by those, who, like Mr. Harmon, wish to express—in a lesser degree—a continued interest in the welfare of our profession. Possibly the replica of the "unknown benefactor" who so substantially aided the health nurses in England is lurking in our own Dominion, awaiting just such an opportunity to invest in future security for nurses in Canada.

In discussing the important problem of economic security for nurses, someone has said that so many plans have now been devised to meet them, that the problems of disability and superannuation among nurses have been more or less effectively dealt with. One wonders if, in this country, we must not still admit *less effectively*.

However, Canadian nurses are enterprising even if their movements are tempered with caution. The time seems to have arrived when something should be done. What that something will be should only be determined after most careful study of plans in other countries, and of conditions and possibilities in this. These few remarks have but touched the surface that covers underlying possibilities. It remains for the nurses in this Dominion to interpret their significance for *us*.

The C.N.A. and Pensions

JEAN S. WILSON
Executive Secretary, The Canadian Nurses Association

The situation with respect to the membership of the Canadian Nurses Association differs widely from that which exists in other organizations where pension plans are commonly in operation. The ordinary relationship is that of employer to employee, as exemplified in government and civic services, teaching staffs, and numerous railway and industrial undertakings. In all such instances the pension plans are part of the conditions of employment. No exceptions are permitted within the classes to which they apply and continuity of employment is generally assured, so that the employer is in a position to see that the contributions of members are made regularly and continuously. On the other hand, the employer in nearly all such cases is himself a large contributor to the fund, frequently assuming up to one-half of the total cost, besides absorbing clerical and other servicing expenses, and thus the financial obligation resting upon the individual member is materially lightened.

No such employer-employee relationship exists, however, between the Canadian Nurses Association and its membership. The Association is not an employing body and has no direct control over either the continuity of employment or the incomes of its members, so that it is not in a position to control the regularity of contributions. Nor has the Association the surplus funds or endowment to permit of its bearing a share of the cost, as is customary in nearly all regularly constituted pension schemes. The entire cost of providing pensions, therefore, would fall upon the members themselves.

If under these circumstances a system of retiring allowances for nurses should be inaugurated, it would be necessary to assume that the entire financial responsibility must be borne by the nurses themselves and that the only practicable courses available would be the following:

(a) By the establishment of a self-sustaining pension fund under the auspices of the Canadian Nurses Association, or other administrative body formed for the purpose;

or

(b) By the individual nurses purchasing pension rights (retirement annuities) from the Dominion Government, or from the regular life insurance companies.

In either case, it is assumed that the Canadian Nurses Association would undertake to co-operate by rendering administrative and executive assistance if satisfied that the incidental expense would not prove too onerous.

With regard to the first proposition, that is the establishment of self-sustaining pension fund under the auspices of the Canadian Nurses Association, or other administrative body formed for the purpose of setting up a separate pension fund, it would be necessary to adopt a set of by-laws specifying: (1) the contributions to be made; (2) the benefits to be granted; (3) general administrative rules; (4) procedure under various circumstances.

Probably a Dominion license, under the Fraternal Society section of the Insurance Act, would be required. In that case the by-laws and the rates of contribution, certified by an actuary, would have to be approved by the authorities. It is also to be noted that membership in the pension fund would of necessity be on a voluntary basis; that is, participation would be optional on the part of any nurse, her decision being influenced by her ability to maintain the payments

or by other personal considerations.

Discussing this alternative further, it should be borne in mind that the success of any such scheme would depend largely upon conditions of employment among nurses. If, on the average, employment continued to be irregular, or if the ratio of unemployment should prove to be high, the operation of the pension fund could not be satisfactory. In other words, any individual nurse who joins the fund should feel reasonably assured of being able to maintain her payments throughout, and if there should be any doubt on this score on the part of any considerable proportion of nurses, then obviously the main purpose of the plan would be seriously affected. Another consideration would have to do with size. A pension fund cannot function safely with a very limited membership—there must be at least a sufficient number of active members to produce an average experience and prevent the wide fluctuations which would otherwise occur.

On the administrative side, special arrangements would require to be made for collecton of contrbutions. Membership in the Canadian Nurses Association is scattered throughout the country and, participation in the pension fund being voluntary, the collection system and the accounting and other records necessary for purposes of the fund would have to be given special attention. The duty of investing the fund must be mentioned, as this would be a matter of great importance.

The total case for establishment of a staff pension fund rests on two main considerations, namely (1) that it can earn a net rate of interest higher than, or at least equal to, the rate earned by life insurance companies, or the rate assumed by the Dominion Government in computing its deferred annuity premiums; (2) that it can be administered more economically than through any other agency.

Other considerations, of course, would be the expectation of a favourable annuity experience (that is, a less-than-normal longevity among pensioners) and the fostering of a spirit of self help in a group of persons who are prepared to make the necessary sacrifices.

Turning now to the second proposition, that is the plan whereby individual nurses might purchase pension rights (retirement annuities) from the Dominion Government or from the regular life insurance companies—if for any or all of the foregoing reasons the problems of operating the pension fund under the conditions stated are deemed insurmountable, the alternative would be to facilitate the purchase of deferred annuities by such individual members of the Association as could afford the required outlay, using for that purpose the facilities of the Dominion Government or of the life insurance companies. The Government rates now in force are somewhat more favourable than those of the companies, but on the other hand the contracts of the companies are generally more flexible and allow certain privileges which the Government contracts do not provide.

If the Canadian Nurses Association could see its way to furnishing information to its members with respect to the purchase of deferred annuities and undertake to act as intermediary on their behalf by facilitating collections, transmitting funds, and otherwise assisting its members in ways not involving the assumption of any financial liability, then it would seem that this is the utmost extent to which the Association could go in the matter. At any rate, it is essential that all of the considerations referred to above, and doubtless many more, must be carefully considered before any definite steps are taken.

Notes From the National Office

Contributed by JEAN S. WILSON,
Executive Secretary, The Canadian Nurses Association

While the majority of reports from the General Meeting of the Canadian Nurses Association are published in this issue of the *Journal*, reference is herewith made to several which do not appear elsewhere.

The National Joint Study Committee of the Canadian Medical Association and the Canadian Nurses Association which, in 1936, it was decided should be continued for another biennial period, recommended that, as the special work for which the Committee was organized has been completed and as no further need was apparent for joint action, the Committee should be disbanded with the proviso that if the need for joint action should arise another committee could be appointed. As the Canadian Medical Association in annual meeting in June, 1938, had approved the recommendation, the Canadian Nurses Association took similar action while in Halifax, thereby completing the necessary procedure by which the Committee was disbanded.

As funds belonging to the National Joint Study Committee were the joint possession of the two Associations and as there was a bank balance of one thousand dollars to the credit of the Committee, the Canadian Medical Association, when indicating approval of the disbanding of the Committee, most considerately and generously relinquished all claim to this balance in favour of the Canadian Nurses Association.

The Committee on Curriculum for Nurses-in-Training in Mental Hospitals reported inactivity for the biennial period, however it was decided that in view of continued study and application of the *Proposed Curriculum for Schools of Nursing in Canada*, this Committee should be retained for 1938-40.

The Committee on Community Nursing Service Bureaux submitted a progress report the major content of which was announced in these Notes in February 1938 (pages 93-96). Since the publication of that announcement, upon recommendation by the Saskatchewan Registered Nurses Association, the city of Moose Jaw has been selected as an experimental centre by the Joint Advisory Committee on Community Nursing Service Bureaux of the Victorian Order of Nurses for Canada and the Canadian Nurses Association. At the request of the Joint Advisory Committee, the former organisation loaned a supervisor to organise the resources of Moose Jaw toward the establishment of a community nursing service bureau. While it was hoped that definite progress could be reported to the General Meeting, the whole matter yet awaits the successful outcome of this supervisor's efforts. The report expressed appreciation of the splendid support of all members of the Committee, particularly those resident in Ontario, who had carried the heavy end of the burden, and of the sympathetic, interested and helpful action of members of the Victorian Order of Nurses, especially the Chief Superintendent and the Nursing Advisory Committee. With such support anticipation of an interesting and successful experiment is justified.

The report from the *Canadian Florence Nightingale Memorial Committee* was presented to the General Meeting. The content of the report referred to activities which have been published previously in the *Journal*. The Committee, which was inaugurated in July 1936, to meet the policy of organisation outlined in the Trust Deed of the Florence Nightingale International Foundation, consists of three representatives appointed by the Canadian Red Cross Society and four by the Canadian Nurses Association. The duties of the Committee are:

(1) To interpret the objects of the Florence Nightingale International Foundation to the Canadian Red Cross Society and the Canadian Nurses Association and to further the aims and objects of the Foundation in every possible way. (2) To make recommendations to the Foundation on matters of policy which may be considered by the Canadian Florence Nightingale Memorial Committee to affect the purposes of the Foundation, with particular relation to educational progress. (3) The Committee shall be responsible for raising funds for scholarships and the permanent endowment of the Florence Nightingale International Foundation.

A paper on the financial aspects of the Foundation by Miss Jean I. Gunn is published elsewhere in this issue of the *Journal*. The Canadian Nurses Association in recent General Meeting renewed its pledge of financial support to the Foundation for a further period of four years, i.e., an annual scholarship fund of £250 and a similar amount as an annual donation to the Endowment Fund.

The Canadian Nurses Association secured a limited quantity of copies of the Florence Nightingale Oration by Sir George Newman, as delivered before the International Council of Nurses during the Congress in 1937. Single copies of the Oration can be secured at ten cents each, or lots of 12 copies for one dollar. Orders, with remittance for payment, should be sent as soon as possible to the National Office, Canadian Nurses Association, 1411 Crescent Street, Montreal.

Resolutions

Resolved:

1. That the invitation from the Alberta Association of Registered Nurses to hold the General Meeting of 1940 in Banff, Alberta, be accepted.

2. That the incoming Executive Committee be asked to consider the question of having the Canadian Nurses Association incorporated and to submit a report of it's findings to the General Meeting 1940.

3. Whereas the funds of the Canadian Nurses Association now permit of further promotion of the Association's professional programme, it is desirable that more direct contact should be made between the Canadian Nurses Association and the nine Provincial Associations of Registered Nurses, be it resolved, That such promotion be effected by attendance of the Association's officers (President, other officers or committee conveners) and the Association's officials at provincial meetings. The approval of the Executive Committee is to be secured for each invitation issued to these officers and officials.

4. That the Brief History of the Canadian Nurses Association 1908-1924 be brought up to date.

5. That the question of a History of Nursing in Canada be reopened and the appointment of a committee to study this question be left to the Executive Committee.

6. Whereas the work of compiling the *Proposed Curriculum for Schools of Nursing in Canada* has been a national project and, whereas the personnel of

the Curriculum Committee has been composed of members of the three Sections of the Canadian Nurses Association, therefore, be it resolved, that the Curriculum Committee of the Nursing Education Section become the National Committee on Education of the Canadian Nurses Association, and, that the subcommittee of the Curriculum Committee, known as the Committee on Records and convened by Miss Gertrude M. Bennett, continue to function as a subcommittee of the National Committee on Education.

7. That the National Committee on Education be a special committee of the Canadian Nurses Association for the next two-year period, during which time consideration will be given to the advisability of making it a standing committee.

8. Whereas the present long hours of service rendered by student nurses seriously interfere with the implementing of the recommendations of the *Proposed Curriculum for Schools of Nursing in Canada*, therefore, be it resolved, that a Committee of the Canadian Nurses Association be formed with provincial representation to proceed with definite plans to secure an eight-hour duty period for student nurses, this to apply to night as well as to day duty; also, that this same committee take steps to implement and bring into force an eight-hour day for graduate registered nurses.

9. Whereas the discussion arising from the session on economic security for nurses indicates that this security may best be secured on an individual basis, and whereas the opinion is that the young nurses need guidance in planning the necessary security, be it resolved, that the Provincial Associations of Registered Nurses be urged to study ways and means of reaching nurses as they graduate from schools of nursing within their province and of providing the necessary information relative to the provision for their future economic security.

10. Whereas the special work has been completed for which the National Joint Study Committee on Nursing Education in Canada was created, and whereas no further need is apparent for joint action, and whereas it is the wish of the nurse members that this Committee be dissolved, with the proviso that if the need for joint action should arise another committee could be appointed, therefore, be it resolved, that the Canadian Nurses Association by this resolution accede to the wish expressed above, and in so far as the Association is concerned it is agreed that this Committee be disbanded.

11. That in order to sustain the entity of the National Joint Committee on Enrolment of Nurses for Emergency Service, appointments of representatives be made for a period of two years, this period to begin at the time of the General Meeting of the Canadian Nurses Association, 1938, and that the chairman and secretary be appointed by the Committee alternately from the representatives of each organisation.

12. That the experiment or experiments in Community Nursing Service Bureaux under the joint responsibility of the Victorian Order of Nurses for Canada and the Canadian Nurses Association, operating through a joint advisory committee of the two organisations, be continued for two years following the date of organisation. A total amount of $8,000.00 to be contributed from the treasury of the Canadian Nurses Association towards the project.

13. That the question of Dominion Registration for Nurses be reopened for discussion at such time as the Executive Committee of the Canadian Nurses Association considers that greater unanim-

ity of opinion would warrant its reconsideration.

14. Whereas the Canadian Nurses Association has completed the five-year pledge towards the support of the Florence Nightingale International Foundation, and whereas it is desirable that this support be continued, therefore, be it resolved, that the pledge of financial support be renewed for a further period of four years, this to be up to and including 1942, with the hope that before that time is expired steps will be taken to the end that the Florence Nightingale International Foundation will drop the idea of promoting a course of its own and in place of that will work directly through some school, or college, or teaching department of nursing in London, because the purpose of the Florence Nightingale International Foundation is to promote advanced study of nursing and nursing education.

15. Whereas it is the opinion of the members of the Canadian Nurses Association that, if the circulation of *The Canadian Nurse* is to be increased, it is imperative that the *Journal* be enlarged and the literary content become more varied; and whereas *The Canadian Nurse* is the official organ of the Association and the one means by which its members can be kept informed of nursing affairs, be it resolved, that the Canadian Nurses Association finance the *Journal* to whatever extent is necessary in order (1) to give the editor the necessary assistance so as to relieve her as much as possible for editorial work; (2) to permit the editor the use of her discretion as to the size of the magazine for each issue; (3) to arrange, if possible, for more suitable office accommodation for *The Canadian Nurse*. It is further recommended that the provincial "Canadian Nurse committees" be strengthened and that provincial conveners be in direct contact with the editor but receive leadership from the Publications Committee.

16. That a special convention number of *The Canadian Nurse* be issued, financed by the Canadian Nurses Association.

Resolutions of Thanks

1. That a sincere vote of thanks be extended to the retiring officers.

2. That letters of thanks be sent to all those who assisted in making the week of the General Meeting in Halifax such a delightful one.

3. Whereas the study and use of the *Proposed Curriculum for Schools of Nursing in Canada* have resulted in the release of wide-spread activity and the development of a better conception of the whole field of nursing, therefore, be it resolved, that the Canadian Nurses Association again record appreciation and thanks to Miss Marion Lindeburgh and her Committee for their invaluable work in this stupendous undertaking.

4. Whereas the Report of the Exchange of Nurses Committee reveals the splendid work accomplished, be it resolved, that a sincere vote of thanks be expressed to the Exchange of Nurses Committee for all that has been accomplished through its activities.

5. Whereas upon the disbanding of the National Joint Study Committee on Nursing Education, the Canadian Medical Association has stated the desire that the funds remaining to the credit of the National Joint Study Committee be transferred to the Canadian Nurses Association, be it resolved, that a vote of thanks be sent to the Canadian Medical Association for this courteous and generous consideration toward the Canadian Nurses Association.

6. Whereas it is recognized that it would be very difficult for the Canadian Nurses Association to undertake an experiment in community nursing service

bureaux without the expert assistance and experience of the Victorian Order of Nurses for Canada, be it resolved, that an expression of appreciation from the Canadian Nurses Association be forwarded to the Victorian Order of Nurses for Canada for the valuable co-operation and assistance of the members of the latter organization on the Joint Advisory Committee on Community Nursing Service Bureaux.

7. Whereas the Canadian Nurses Association is conscious of the amount of time and effort contributed by the members of the Committee on Dominion Registration for Nurses, be it resolved, that a vote of sincere gratitude be expressed to the Convener and her Committee.

8. Whereas Miss Ethel Johns has brought *The Canadian Nurse* to the position of esteem it now holds, be it resolved, that the Canadian Nurses Association take this opportunity of formally expressing appreciation of the valuable work of the editor and business manager.

9. Whereas Miss Jean Wilson has always fulfilled her function as Executive Secretary with exceptional courtesy, dignity and efficiency, be it resolved, that the Canadian Nurses Association take this opportunity of formally expressing their appreciation of her loyalty and devotion.

Amended Bylaws

ARTICLE II

Representation

1. Each organisation shall be entitled to one vote for every 100 members until the maximum of fifteen votes is reached. Any organisation having less than 100 members shall be entitled to one vote.

2. Each organisation shall be entitled to one voting delegate for each of its one hundred members until the maximum number of votes is reached and each delegate may cast one of the votes of the organisation. Should a sufficient number of accredited delegates be unable to attend the General Meeting, the remaining delegates may cast the votes to which the organisation is entitled.

ARTICLE III

Executive Committee

The Executive Committee of the Association shall be composed of the Officers together with the Chairman of each Section of the Association, the Conveners of the corresponding sections or committees of each Provincial Association, and the President of each Provincial Association. The provincial representatives shall be termed Councillors. The immediate past president shall be a member of the Executive Committee.

National Sections

The newly elected officers for the three National Sections for 1938-1940 are:

Nursing Education Section:

Chairman—Miss Agnes J. Macleod
First Vice-Chairman—Miss Edith Amas
Second Vice-Chairman—Miss Martha Batson
Secretary-Treasurer—Miss Margaret Fraser.

Private Duty Section:

Chairman——Miss Margaret Teulon
First Vice-Chairman—Miss Helen Cameron
Second Vice-Chairman—Miss Ruth Hart
Secretary-Treasurer — Miss Nora Senkler.

Public Health Section:

Chairman—Miss Margaret E. Kerr
Vice-Chairman—Miss Isabel McDiarmid
Secretary-Treasurer — Miss Fyvie Young.

REPORT OF THE NURSING EDUCATION SECTION

The main interest of the Provincial Sections during the past two years has been a systematic study of the *Proposed Curriculum for Schools of Nursing in Canada.* The subcommittees on instruction, under the Sections, have done particularly good work in all the provinces by studying and offering constructive criticism. The following facts, contained in the several provincial Nursing Education Section reports, would seem to be of particular interest:—

British Columbia: The very full and complete report submitted by the chairman of the Nursing Education Section indicates the splendid work done on the Curriculum study under the direction of its able chairman. Particular recognition should be given to the staff of the Vancouver General Hospital for their wholehearted contribution. Recognition should also be given to a group of public health nurses and social workers who co-operated so well with the Section's activities. Affiliation in psychiatric nursing has been secured with the Provincial Mental Hospital, a new residence has been built by the Provincial Government, and students will be received in September.

Alberta: Calgary and Edmonton have been the two main centres of activity. Heads of schools of nursing, instructors, public health nurses and private duty nurses, have all contributed to the Curriculum study. Another matter which has engaged the Section's interest in Alberta is the revision of the high school curriculum, which will naturally affect the standard for entrance to schools of nursing in Alberta.

Saskatchewan: Five sub-sections exist, of which the Regina and Saskatoon groups have been the most active. The Section as a whole, including the instructor's group, has made a study of the Proposed Curriculum, and have submitted suggestions. An effort is being made to devise a plan to secure teaching aids which could be lent to schools throughout the Province.

Manitoba: The section divided its programme into two main parts: (1) discussion of current problems relating to teaching and supervision of students; (2) the study of the Proposed Curriculum. A council has been formed, consisting of the Director of the Health Education Department of the Province, and representatives from the schools of nursing, public health and social agencies, to study and plan an arrangement for the course in "Community Health and Social Needs," as recommended in the Proposed Curriculum.

Ontario: The many groups of nurses in Ontario have worked in co-operation in studying and reporting upon various nursing education problems. The Committee on Instruction in the Province has done much to stimulate interest and encourage the study of the Proposed Curriculum. Refresher courses held by the School of Nursing in Toronto University have done very much in making valuable information available for nurses engaged in various fields. In response to a real need, the course on "Integration of Health Teaching in the Undergraduate Course" was given three times. An intensive study of the Curriculum, covering several meetings, has been held in the Toronto General Hospital. Nine schools were represented at the meetings and a splendid piece of work was accomplished.

Quebec: Executive and general meetings have been held periodically and special programmes arranged. One programme, in the nature of a demonstration of a nursing clinic in paediatric nursing, was particularly instructive to those responsible for ward teaching. The study of the Proposed Curriculum composed the main activity of the Section. An effective programme has also been undertaken by the Committee on Instruction. A co-operative plan, with the Protestant Teachers' Association, for the exchange of articles between *The Canadian Nurse* and *The Teachers' Magazine,* has been developed. Various members of this Section took active part in a Refresher Course arranged by the McGill University School of Nursing to present for discussion the various phases of the Proposed Curriculum. The success of this institute was largely due to the co-operative efforts of the members of the Section in Montreal.

New Brunswick: In nine of the twelve schools of nursing in the Province, the instructor engaged has had special preparation. It is of interest to note that the largest school in the Province is organizing a community health service whereby the students will be given experience in the community. Study groups have been organized for the discussion of the Proposed Curriculum and special teaching problems, and for the study of selected articles appearing in *The Canadian Nurse*.

Nova Scotia: Schools in Nova Scotia, as in other provinces, are trying out the Proposed Curriculum, and certain improvements have been reported. Five schools have secured the eight hour day; two schools have extended the preliminary period to six months, and a modified "block" plan of instruction has been adopted in one school. Attempts are being made to secure further community experience for students. Special interest is being taken in the possibility of securing films for teaching purposes.

Prince Edward Island: While the Nursing Education Section has a very small membership, they have done their bit towards raising the standards of nursing education. A comprehensive report has been received on the results of their Curriculum study. Since September, 1937, two schools have engaged a full-time instructor, and better teaching facilities have been provided. Affiliation with the Provincial Sanatorium has been arranged for the two schools in Charlottetown. In all three schools efforts are being made to raise the standard of the entrance requirements. A number of students now entering have Junior Matriculation standing.

Marion Lindeburgh
Chairman.

REPORT OF THE PUBLIC HEALTH SECTION

During 1936-38 the affairs of the Public Health Section of this Association have been carried on by means of four executive meetings, and by correspondence. Conveners have carried on any committee activities required in connection with education, publication, constitution and by-laws, the place of the public health nurse in social insurance schemes, and programme for this Biennial Meeting.

In 1937, at the request of Miss Elizabeth Larsen, chairman of the Public Health Committee of the I.C.N., a report was prepared concerning public health nursing in Canada. The information required for this report has been incorporated in the questionnaire sent to the Provincial Sections, in order to facilitate the preparation of complete reports for national and international use.

The total membership of the Section is 1,626.

British Columbia: with a membership of 162, had a committee on education to study the Curriculum and other educational problems relating to public health nursing. Three meetings were held as well as affairs of a social character. Ten study groups were organized in various parts of the Province, and the members participated in the sessions of the Public Health Refresher Course organized jointly by the Provincial Board of Health and the Department of Nursing and Health at the University of British Columbia. An arrangement has also been made for an interchange of work between public health and hospital nurses where each desire added experience.

Alberta: has a membership of 55, with conveners of sub-sections at Medicine Hat, Lethbridge and Edmonton to promote interest in public health work in those districts. Seven meetings were held where there were discussions on reports of conventions and lectures on tuberculosis, cancer and preschool child health. Four of these meetings were supper meetings, where addresses were given on various topics other than health. Members attended Refresher Courses, and a library of books on public health has been organized for all nurses in the Section.

Saskatchewan: with a membership of 62, held eight meetings, at two sub-sections at Regina and Saskatoon, where addresses were given on "Family Welfare" and "The Youth Training Programme". A study was made of the addresses given at the International Congress of Nurses in 1937, and Refresher Courses have been participated in by the members. Arrangements have been made to send copies of papers given at meetings to the members of the Section in outlying districts, unable to attend. Plans for a lending library of books on public health are being made. Interest in radio as a health educational medium resulted in a request to the Canadian Broadcasting Corporation concerning the possibility of the Corporation sponsoring health broadcasts.

Manitoba: has 70 members with committees on social affairs, programme, and to study health and community aspects of nursing education and the public health nurse in social insurance schemes. As an outcome of the second last-named committee, a council has been formed with public health representatives under the Nursing Education Section to carry on this activity. Five meetings have been held where family welfare work, conserving energy, reports of post graduate study and recent developments in public health nursing, were the topics of discussion. One of the most largely attended was a luncheon meeting followed by a debate on specialized versus generalized nursing services, which proved a very interesting and agreeably contentious subject. A study group on social case work, with a professional leader, was carried on for a course of ten study periods.

Ontario: with a membership of 680 in ten districts has a public health convener in each of these sub-sections. The membership as a whole are able to meet only once a year at the annual meeting of the Provincial Association. Study groups were organized and Refresher Courses on records, orthopedics and poliomyelitis have been given at two Universities.

Quebec: has a membership of 525 with committees on education, programme and publications. Nine executive and three general meetings have been held for a programme of lectures on rheumatic infections in children, nutrition and the school lunch, Nursing Service Bureau in Montreal, and advantages of registration and professional co-operation. Refresher Courses have been held on the following subjects: The Modern Treatment of Syphilis; Industrial Nursing; Problems of Supervision in Public Health Nursing, arranged in cooperation with the McGill School of Nursing; and Problems of Tuberculosis in English and French; Chemistry, Microbiology, Haemotology, etc., at the University of Montreal. Three groups carried on a study of the Proposed Curriculum, and in addition, a special effort has been made to get into touch with all industrial nurses in the Province in an attempt to make them feel they have an important place in the Public Health Section.

New Brunswick: with a membership of 24 has committees on publications, and for the study of the place of the public health nurse in social insurance schemes. The membership as a whole have met once a year at the annual meeting of the Provincial Association. In Saint John, the Section, with 15 members, has been able to hold nine meetings, three of which were supper meetings. Several studies have been carried on there, and informative talks have been given by the members on health insurance, vaccines, poliomyelitis, and improving the teaching content of the public health nurse's visit. A Refresher Course was held by the Department of Health in Saint John in December, 1936, which was largely attended, not only by the members of the Section but also by private duty nurses, a few of whom came from Nova Scotia and Prince Edward Island.

Nova Scotia: has 44 public health nurses who are members of the Provincial Association. A section has not yet been organized but a convener has carried on any activities connected with public health nursing. Halifax is the only large centre where there is a sufficient number of nurses to permit any arrangement for a programme of meetings.

Prince Edward Island: there are only four public health nurses in three districts

throughout the Island; therefore it has not been possible to organize a section. A convener has, however, arranged for conferences at Christmas and Easter where reports of study have been discussed as well as other problems of special interest. All members attended the Refresher Course given by the New Brunswick Department of Public Health at Saint John.

In brief, there have been held a total number of 126 meetings by several Provincial Sections. There are 17 sub-sections. Refresher Courses have been participated in by members of all Sections, and study groups seem to have been a popular feature in organized centres. From the foregoing, it is evident that the Public Health Sections have been active in the study of public health problems, and that they are a uniting force for the consideration of all matters that have to do with the advancement of public health, and the development of public health nurses.

Present Status in Canada

Distribution: Throughout Canada, with a population of 11,014,000 there are, as far as can be ascertained, 1,798 public health nurses, whose services are distributed in the nine Provinces as follows:

In *British Columbia,* with a population of 750,000, there are 162 nurses employed by 55 agencies, of whom 126 are engaged in generalized and 36 in specialized service.

In *Alberta,* with a population of 772,000, there are 82 nurses in 14 agencies—38 generalized and 44 specialized.

In *Saskatchewan,* with a population of 930,893, there are 62 nurses in 19 agencies —15 generalized and 47 specialized.

In *Manitoba,* with a population of 717,000, there are 100 nurses in 18 agencies—30 generalized and 70 specialized.

In *Ontario,* with a population of 3,711,000 there are 713 nurses in 229 agencies—226 generalized and 487 specialized.

In *Quebec,* with a population of 3,096,000, there are 575 nurses in 14 agencies—170 generalized and 405 specialized.

In *New Brunswick,* with a population of 435,000, there are 33 nurses in 6 agencies—17 generalized and 16 specialized.

In *Nova Scotia,* with a population of 526,000, there are 67 nurses in 13 agencies—51 generalized and 16 specialized.

In *Prince Edward Island,* with a population of 53,000, there are 4 nurses engaged by 1 agency—the Provincial Department carrying a generalized service.

All the above figures are based on the 1936 census except those for Manitoba, which are based on the 1937 census.

Approximately 56% of the public health nursing services are carried on in urban districts with 25% in semi-urban, and about 19% in rural areas. Of these, two services, national in scope, are the Victorian Order of Nurses and the Metropolitan Life Insurance Company Nursing Service. There are a reported total of 364 agencies providing public health nursing services, of which 195 are official and 169 are voluntary organizations. While this record is known to be incomplete, it is of interest that 677 nurses are engaged in generalized nursing and 1,121 in specialized nursing services. Of the specialized groups, the largest number are engaged in maternal and child welfare with school nursing following, and industrial the third largest group.

Progress

All provinces report some extension of service. No services have been discontinued. In British Columbia, new districts have been formed with a more generalized programme and extension of travelling clinics; in Alberta, requests have been received from districts for nursing service; in Saskatchewan and Manitoba there have been small increases of staff; in Ontario, public health nursing service in mines, and orthopaedic nursing have been introduced; in Quebec, there has been expansion of nursing in County Health Units; in Nova Scotia a nursing service in a Health Unit in Cape Breton has been organized.

Supervision and Legislation

There is state supervision of public health nursing services by Provincial Departments, with the exception of British Columbia and Quebec, and by national health agencies, but there appears to be no legislative meas-

ure in force dealing with the education or employment of public health nurses, except in Manitoba, which was passed in 1931, although there are regulations governing this matter.

Qualifications and Opportunities

All provinces now require Junior Matriculation and graduation from an approved School of Nursing, but only British Columbia and Prince Edward Island appear to require post-graduate study and experience for *all* public health nurses, although the demand is increasing. From the total number reported, only about 25% of nurses have taken partial or full post-graduate courses. Scholarships or loan funds are available in all provinces but British Columbia, New Brunswick and Prince Edward Island; and post-graduate study can be taken at the Universities of British Columbia and Alberta; in Ontario at Toronto and Western Universities, and in Quebec at McGill University and the University of Montreal.

With regard to staff education, all public health nursing agencies are interested in having staff members keep their professional knowledge up to date, but the majority of agencies make no special provision for educational activities of a continuous or progressive nature.

Working Conditions

Hours of duty vary from 36 to 60 hours per week, with the average number about 40 per week. Overtime work is partially made up in all provinces except Alberta, and the policy of paying for extra work is not followed. One report mentioned that "overtime is often done, but not expected!"

Vacations with salary vary from 2 to 8 weeks, usually 3 weeks. School nurses generally have two months vacation without salary.

Transportation (by every means available) is generally provided by the nursing agency. Where nurses provide their own cars, expenses are usually met by the agency according to mileage or an allowance.

Uniforms for nurses are provided by themselves in all provinces except Quebec where official agencies make provision; but indoor gowns or aprons are considered a part of equipment in most provinces.

Salaries are fairly satisfactory in the five provinces to the west, but definitely not so in the four eastern provinces.

Superannuation regulations vary and seem to be in force only in the official agencies of the six western provinces. The ages for retirement are from 60 to 65 years. In Quebec there are pension schemes for retirement by some agencies. No general plan is followed regarding pension funds—being both contributory and paid for by the employer.

Insurance against sickness and accident through group insurance is provided in Saskatchewan by the Provincial Government for the members of its public health nursing service.

Employment: with regard to the question of employing married women in public health nursing, they are employed to a limited extent in five provinces, but as a rule are employed only in exceptional cases.

As to the difficulty of nurses obtaining promotion or securing new positions, it is of interest to report that in British Columbia "there is relatively little movement" from place to place. In Alberta there is no difficulty in this respect, and there is improvement in Quebec; but in other Provinces, there is little or no opportunity. On the other hand it is worthy of note that nurses with public health training and experience are entering public health activities other than nursing—in social work, in health education and in the statistical field. They are even carrying on public health work within Schools of Nursing.

Problems and Needs

The problems and needs of nurses in the field of public health as reported by each province, are as follows:

Two provinces are in need of supervision for their Provincial Nursing Services; in one province there is overlapping due to specialized services, and there is no grant from the Provincial Government for public health nursing service. In three provinces more nurses are needed as areas are too large for public health nurses to serve ef-

ficiently. One province reports lack of educational facilities for nurses; there is a need for a lending library of books on public health for rural nurses. In another province unqualified nurses are employed on the same basis and salary as those who are qualified. In three provinces there are areas where isolated rural people need nursing services as well as many others on inadequate relief allowance. One province cites poor housing and another, lack of adequate social legislation and essential social services as pressing problems of nurses. One province mentions the need for closer co-operation with social workers, a need which we know is quite general.

In presenting this report, I would like to express my appreciation of the assistance given by the chairman of each Provincial Section; for they collected the information that has made it possible to prepare an account, which though far from complete, gives a general idea of public health nursing in Canada.

Anna E. Wells,
Chairman.

REPORT OF THE PRIVATE DUTY SECTION

Following the ratification, by the Executive Committee of the C.N.A., of the revisions in the by-laws of the Section, as approved at the last General Meeting, copies of the changes made were sent to each Provincial Section. The appointment of a second vice-chairman was then made by the Executive Committee of the Section and Miss K. McCallum, of Winnipeg, accepted the office. Miss Margaret Teulon, of Vancouver, was appointed convener of the Educational Committee, and with the members of her Committee, has been of great assistance to the Provincial Sections in planning their studies.

Miss Teulon reports a nucleus Educational Committee of three resident in Vancouver with each Provincial Chairman a corresponding member. A study programme was prepared and sent to each Provincial Section with suggestions. Reports from the provinces reflect the appreciation felt by the nurses of the thought and work which the members of this committee have given to the arrangement of this programme.

Several copies of the report of the committee on functions and standards of the private duty nurse were sent to each Provincial Section through the National Office and these have been used to advantage. It is interesting to note that this report was published in *La Garde Malade Canadienne Francaise* and a copy was sent by the editor of *The Canadian Nurse* to the Secretary of the American Nurses Association at her request.

Early in January 1937, word was received with great regret, of the death, in Calgary, of Mrs. F. V. Kennedy, first vice-chairman of the Section. Miss K. McCallum, second vice-chairman, was appointed to fill the vacancy and Miss Helen Cameron, of Montreal, was appointed second vice-chairman, by the Executive Committee of the Section.

Due to continued ill-health following an accident, the secretary, Miss Helen Wills, of Regina, found it impossible to continue in office and her resignation was received early in April, 1937. The members of the Section learned of Miss Wills' resignation with regret, as she had been of very great assistance to everyone, and particularly to the chairman. Miss Wills had represented the Section at the Executive Meetings of the Canadian Nurses Association and therefore had been in very close touch with the work of the Association as a whole. Miss Mary Ingram, of Ottawa, accepted appointment to the office for the remainder of the term and we deeply appreciate her willingness to undertake the work in addition to the heavy duties which she was already performing.

Progress reports have been received from several Provincial Sections from time to time and these are greatly appreciated by

the chair as this is the only way in which information regarding provincial activities is made available for reports to the Executive Committee of the C.N.A. Many requests for information on various subjects have been received and information sent to the best of our ability.

Section reports for the past two-year period have been received from eight provinces. All provinces, with the exception of Prince Edward Island and Alberta report an improvement in employment. In Prince Edward Island, it is felt that the failure to improve is partly due to the fact that, in January of this year, 24 hour duty in hospitals was abolished and the public have not yet become used to the change. The nurses of Prince Edward Island have worked hard for this progressive step and no doubt will soon convince their public of the advantages to everyone. The nurses of New Brunswick are also attempting to have twenty-four hour duty abolished in their province and are making good progress. In all centres where eight-hour duty has become the rule, sharp increases in employment have been reported.

The eight-hour day has been adopted and is proving entirely satisfactory in many centres throughout the country. The following is a summary of points where the system is known to be in use: Alberta—2 centres (one under contemplation); British Columbia—in most hospitals; Manitoba—2 centres; Nova Scotia—7 centres; Ontario—16 centres (3 under contemplation); Quebec—question being studied; Saskatchewan—one centre.

It is interesting to note that almost every province reports a fairly large number of nurses moving to the United States, chiefly to do general duty.

A great deal of work has been done towards reorganisation of registries. In Montreal, the registry was re-organised to form a Nursing Service Bureau. The registrants include trained attendants, male nurses and orderlies, as well as registered nurses. While some changes have been found necessary in the set-up the experiment is proceeding and the nurses of Canada are intensely interested. In Ontario, two registries in large cities have been reorganised. A committee of the Registered Nurses Association of Ontario is now prepared to give information and assistance to centres desiring to reorganise existing registries or form new ones where none now exist. Many places are considering the step. For this Biennial meeting, the Ontario Section has kindly loaned an exhibit, built by their chairman, which portrays the history of registries with a glimpse of the possibilities for the future. We trust this exhibit has proved interesting to everyone. The Central Nurses Directory in Manitoba was reorganised in 1936 and is giving an excellent service. The nurses of Vancouver are planning a Community Nursing Service Bureau for an experimental period of two years. The private duty nurses of Canada will watch with keen interest the progress of the Community Nursing Service Bureau, now being established in Moose Jaw, Saskatchewan, and wish all these new ventures success.

The study programme arranged by the Educational Committee has been of inestimable assistance to the Provincial Sections and has been used in nearly every province, some arranging refresher courses and others using the suggested subjects for lectures. The members of the Section appreciate the great amount of thought and time given by this Committee and will await with interest their suggestions for the coming term. In this connection, the British Columbia nurses suggest two ideas for possible study in the future: (1) the compilation of a loose-leaf hand book giving, concisely, symptoms and treatments for common diseases. This book could be added to and kept up to date; (2) the advisability of studying the question of supervision of private duty nurses, and the advantages it would bring in post-graduate education while carrying on our work.

A meeting of the Executive Committee of the Private Duty Section of the Canadian Nurses Association, was held in Halifax, on July 6, 1938, with representation from eight provinces, four of these representatives being private duty nurses.

The general meeting of the Section, held

on July 7, with an attendance of 87, was a business meeting. The reports of provinces called forth very free and constructive discussion of hourly nursing and eight-hour duty. Information was also exchanged on various subjects. The Halifax nurses presented figures comparing the incomes of the nurses on twelve and eight-hour duty. This showed that the incomes received by the nurses for the same number of hours of service to one patient under the eight-hour system is greater than under the twelve-hour, while the cost to the patient is less.

The chairman wishes to express to the whole Association her gratitude for having been granted the privilege of attending the International Council of Nurses in London, last year, as a delegate. It was a never-to-be-forgotten experience and one which will be of life-long value.

Jean L. Church
Chairman

NATIONAL CURRICULUM COMMITTEE REPORT

It is a pleasure to present the report of the National Curriculum Committee. The Curriculum Committee was organized under the Nursing Education Section of the Canadian Nurses Association in 1932. It was assigned the task of constructing a curriculum which would serve as a guide for schools of nursing in Canada. After four years of investigation and study, in which nursing groups throughout Canada participated, the *Proposed Curriculum* was tentatively prepared. It was presented for consideration and accepted for trial and experimentation at the Biennial meeting of the Canadian Nurses Association in Vancouver in 1936. Before proceeding with a report on the activities of the last two years, it seems advisable that we should refresh our memories in regard to certain points in the report which accompanied the presentation of the Proposed Curriculum in 1936.

I. The curriculum project is not something imposed upon us; it is an activity evolving out of a definite need or situation, as revealed in the *Survey of Nursing Education in Canada.* To quote the words of a member of the Canadian Nurses Association in answer to a questionnaire, "We have waited long enough for some new method of finance and administration which will bring about better training for students. Why wait any longer? Let us attack our problem from another angle. The Survey made many recommendations: If we could have a national curriculum which the nurses in Canada could accept in principle, embodying those recommendations, we would have a better idea of what we should be doing in our schools."

II. *The Proposed Curriculum* is an accomplishment in which experienced nurses in all fields of nursing have given their best thought and effort. All nursing involves the curative, preventive and health aspects. It is, therefore, important that the opinions of public health nurses, private duty nurses and those in administration, teaching and supervision in schools of nursing, should be considered in the construction of any curriculum which proposes to prepare the student for the general practice of nursing in any field of service.

III. *The Proposed Curriculum* is not to be regarded as a complete or finished piece of work. It was presented at the Vancouver meeting as being in the nature of a report, with the recommendation that it be critically studied and used experimentally for a period, after which time a revision should be undertaken.

IV. *The Proposed Curriculum* places particular emphasis on the more immediate adjustments which should and could be brought about most easily without much extra administrative or financial pressure. The following are of great importance:—

1. An accepted standard of student quali-

fication for entrance to schools of nursing in Canada.

2. A more definite standard of personal and professional qualification for all members of the school of nursing staff, and more adequate provision for professional growth while in service.
3. A better understanding and appreciation of the philosophy underlying the aims of teaching, supervision.
4. A more carefully organized plan of education whereby preventive, health and curative aspects of nursing may receive appropriate emphasis at every stage of the student's experience.

V. The Curriculum Committee decided that the proposed plan should be made as flexible as possible; that definite time requirements for effective teaching of various courses should not in the beginning be stated. There has been a prevailing tendency to judge the adequacy of courses by the number of hours assigned to instruction and practice, rather than by the ability of the teacher to teach, by the capacity of the student to learn and apply, by facilities available, and many other factors which make for good educational results. While the *Curriculum* emphasizes the fact that students should have more time for study and reflective thinking, it does not suggest an increase in the number of courses now undertaken in recognized schools of nursing in Canada. It was the general opinion that fewer and better courses should be recommended and that a definite attempt should be made to reorganize, simplify, coordinate and integrate the various phases of theory and practice in the basic course. A study of the *Proposed Curriculum* reveals the many attempts to achieve this end.

May I now present a report of the activities covering the last two years. With the acceptance of the Curriculum report in 1936 by the Canadian Nurses Association, the Committee, having accomplished its work, automatically dissolved. Because of the fact that the *Proposed Curriculum* was presented in tentative, rather than in a finished form, the convener and secretary of the National Curriculum Committee were reappointed with power to undertake any effective plan of organization which would take care of the work of revision. Acting upon this recommendation, plans were made for a critical study of the *Proposed Curriculum*. The same plan of provincial organization was undertaken as was adopted during the first four years. Provincial sub-committees have again been appointed, the president as convener, together with the provincial chairmen of nursing education, public health and private duty sections. The main responsibility of each provincial sub-committee is to encourage the formation of study groups within the province, and to collect and submit the reports of the studies made. All reports will be fully utilized at a later time in re-writing the book.

A period of six months was allowed to elapse following the Vancouver meeting, to give time for the sale and distribution of the Curriculum report. A study outline under chapter headings was then prepared by the National Convener. This outline was sent through provincial conveners to schools of nursing throughout Canada, with the request that in the study and application of the *Proposed Curriculum* constructive criticism would be welcomed.

We are particularly grateful to provincial groups for the splendid contributions they have made. Public health nurses, teachers and supervisors in schools of nursing, and private duty nurses have been brought together in the study of educational problems of common interest. The Nursing Education Sections, together with their committees on instruction, are particularly to be commended for the analyses and suggestions they have made in connection with the outlines of classroom and clinical instruction. Teachers, head nurses and supervisors, because of their close contact with students in the classroom and clinical fields, are particularly well qualified to make constructive comment, and their contributions are greatly appreciated.

Reports have been received since last January from all provinces, and they indicate a real effort to study the Proposed Curriculum objectively. The character of the reports implies a very keen interest in and wholesome, critical attitude towards the

Proposed Curriculum plan. For the contribution which provincial study groups have already made, the Curriculum Committee wishes to express its grateful thanks and appreciation.

While it is very evident that there has not been sufficient time since the publication of the *Proposed Curriculum* to experiment with it fully, many constructive comments have already been made which would improve the arrangement and content of the book. It might be pointed out that the evaluation of returns through the questionnaire method is not an easy task. In many instances opinions range from the extreme left to the extreme right and a satisfactory middle way must be found; for example, a suggestion is made that Chapters II, III and IV, dealing with Administration, Staff and Students, have little place within the Curriculum report, while others emphasized the fundamental importance of including these chapters. Controversial comments made at this time must be held in reserve for further discussion, and the need of further study of the *Proposed Curriculum* before a revision is undertaken, is obvious. However, at this beginning stage in the study, the convener is grateful for the opportunity to present to this meeting certain trends of opinion.

General approval of the *Proposed Curriculum* as a whole is expressed, and mention is made of phases of the book which seem to be most commendable. The following comments or suggestions have been selected as being of particular interest at this time:

1. The need for a study of the details of the cost of operation of certain selected schools of nursing is suggested, in order that figures may be available to serve as a guide in the more effective administration of all schools of nursing in Canada.

2. General disapproval of the special university entrance standing termed "Nursing Matriculation," and a suggestion that applicants to schools of nursing should be required to meet the full entrance demands of recognized Universities in the several provinces.

3. A question as to the possibility of accomplishing the requirements of the *Proposed Curriculum* within a period of three years, and a suggestion that a first year might be considered to undertake the necessary science subjects (preferably in a University,) to be followed by three years in the various nursing subjects and clinical fields.

4. While general agreement is shown in regard to the personal and professional qualifications of staff members, several suggestions are made which would describe their functions. For instance, more emphasis should be placed upon the classroom teacher having a better understanding of the clinical situation, and the ward supervisor assuming more responsibility for systematic teaching. It is suggested that the night supervisor should receive more attention in the Curriculum report. The importance of securing a person who really enjoys night service, and whose health remains unaffected, should be included as an added note.

5. While the qualifications and duties of the head nurse as described, are approved, the need for recommending special graduate preparation for head-nurseship is suggested.

6. The statement regarding the position and function of general duty nurses as they affect the educational programme, and their influence on the students, should be elaborated to emphasize more forcibly the need of an educational programme for this group, and more interest is to be taken in their professional growth.

7. A challenging proposal is made regarding the inclusion of communicable disease nursing as a compulsory experience in the basic course. Because of the progress in the field of public health resulting in a great advance in scientific methods of prevention through immunization, and other means of control, this should be taken into consideration in constructing a present day nursing curriculum.

8. Many suggestions as to the reorganization and improvement of the content of the science courses have been offered, also other ways by which these subjects will serve more fully the purpose for which they are intended. Of all the science subjects chemistry presents the greatest problem. It is suggested that there is really no legitimate place in a nursing curriculum for

the teaching of inorganic chemistry. More time could be spent on organic and important phases of physiological chemistry if the student had preliminary work in chemistry before entering the school. Many helpful ideas have been submitted in connection with the courses in nursing theory and practice. The Curriculum Committee consciously avoided too much description and detail of nursing procedures or techniques, and instead emphasized fundamental principles upon which procedures and treatments should be built up. However, it is the general feeling that much more detailed content should appear in the nursing courses.

9. Special mention is made of a small group in British Columbia of experienced public health nurses, social workers and instructors, who submitted a particularly constructive and critical report on the health, preventive and social aspects of nursing education as outlined in the *Proposed Curriculum*.

10. The course outline on mental hygiene and psychiatry, which was prepared by the Canadian National Committee for Mental Hygiene, has received varied comment. The general feeling is that it is too extensive and that it would not be possible for some time to come to secure the practical experience as outlined under adequate teaching and supervisory conditions.

11. The course in personal hygiene and health education method does not meet with entire approval. The inclusion of a health service and health instruction to meet the individual needs of students is accepted, but the course in principles and methods of health teaching is thought to be beyond the requirements of a basic nursing course.

12. There is considerable confusion as to whether ethics should be reinstated as a regular course with assigned lecture hours, or whether, as proposed in the Curriculum report, it should be handled in a less formal way, achieving the desired ends through informal discussions and conferences and through exposure to a favourable professional environment conducive to the development of ethical ideals and standards of conduct.

In conclusion, reports have shown that a much clearer conception of what nursing education should be, and a more definite idea of how it may be accomplished gradually, has come about through the study of the *Proposed Curriculum* than was manifest in the first four years of preliminary survey work. The study and possible application of the *Proposed Curriculum* would be accomplished more easily if it could be viewed solely from the educational angle, but the complicating factors in connection with the maintenance by the school of a satisfactory hospital nursing service are most distracting and frustrating. All along the way we have confused objectives of hospital nursing service and nursing education, and it is mainly because of this that we cannot as yet see eye to eye. In so many instances, in response to questions asked, replies were prefaced by such terms as the following:— " . . . if we could first of all secure an eight hour day for student nurses;" "if student nurses did not carry such a heavy nursing load;" "if students could have more time for study;" "if the wards could be be better staffed;" "if instructors did not have to teach all subjects;" "if we had better teaching facilities;" "if head nurses had more time for teaching students;" "if night nurses did not have to get up for afternoon classes;" "if the preliminary term could be longer;" and endless other provisos. There are many conditions under the present system which handicap the educational programme, but in the study of the *Proposed Curriculum* let us focus our attention upon the student and upon the best plan of educational experience that can be provided under existing conditions of hospital control. Our concern is not how well can we fit the student into the scheme of hospital nursing service and the maximum load she can carry over a three year period, but rather what are the potentialities of the student, to what extent can these be developed through effective teaching and nursing practice, and by acquiring

the understandings, skills, ideas, ideals and appreciations which will fit her for the general practice of nursing, whether it be in the hospital, the home, or the community.

Marion Lindeburgh
Chairman, Nursing Education Section,

REPORT OF THE HEALTH INSURANCE AND NURSING SERVICE COMMITTEE

During the two-year interval since the biennial meeting in 1936, this Committee has given consideration to the question of Health Insurance. The personnel of the Committee is as follows: *British Columbia*: Miss Grace Fairley, Miss Kathleen Sanderson, Miss Florence Walker; *Saskatchewan*: Miss Ruby Simpson, (ex-officio); Miss Annie Lawrie, Miss Elizabeth Smith; *Ontario*: Miss Edna Moore, Miss Elizabeth Smellie, Miss Ethel Cryderman, Miss Matilda Fitzgerald, Miss Jean Gunn; *Quebec*: Miss Margaret Moag, Miss Frances Upton, Miss Esther Beith.

In appointing the Committee, an effort was made to have a small group in several of the provinces, rather than one member in each province. This enables conference among members and is more satisfactory than carrying on all the work of the Committee by correspondence. The members in Ontario have functioned as a sub-committee.

Progress Reported in Provinces

British Columbia: A report from the members of the Committee is as follows: "We have communicated with Dr. Allon Peebles, Chairman of the Health Insurance Commission, who informs us that no developments have taken place in regard to Health Insurance in British Columbia subsequent to the holding of a plebiscite in June last. You may remember that legislation was enacted which was later withdrawn and in June, the following plebiscite was voted on: Are you in favour of a comprehensive plan of health insurance, progressively applied? The result of the vote was 147,831 in favour of health insurance, 103,633 against health insurance. The Chairman is now leaving for Europe where he hopes to visit countries where some form of Health Insurance legislation is in effect."

It is also reported that the Registered Nurses Association of British Columbia has sent to the Provincial Secretary, resolutions concerning the place of nursing service in any scheme for Health Insurance, and that the Association has been very active in keeping the idea of nursing service before the governmental authorities.

Saskatchewan: Quoting from the report received: "It would appear that nothing has been done so far as definite steps are concerned, and it is unlikely that any such steps will be taken, until the financial situation in this province is improved. There is a good deal of newspaper publicity to certain suggestions for hospital insurance." Following this report, a second report was received: "The Saskatchewan Legislature has within the past few days, passed an Act concerning voluntary insurance. It is named, 'An Act respecting Mutual Medical and Hospital Benefit Associations.' The bill states that hospital and medical services will be provided. Medical services include surgical, dental and nursing services. . . . A copy of the Bill is enclosed for your information. It must be kept in mind that this is to be a voluntary association, so that much or little may come out of this legislation. I thought you would be interested in it because of its relation to Health Insurance and Nursing Service."

Manitoba: Quoting from the report received: "I must apologize for the delay in answering, but I was anxious to obtain information from Dr. F. W. Jackson, the

Deputy Minister of Health and Public Welfare for this Province, as to progress in the establishment of health insurance in Manitoba. I have to-day interviewed Dr. Jackson, and he informs me that there is no likelihood of health insurance being established at the present time. He reports, however, a considerable increase in interest in municipal doctors. The past year has seen the establishment of two new areas, with two more likely to be put into operation within the near future. Starting on May 1, a detailed study in these areas on the amount of and type of illness in our rural population will begin. This is a joint survey under the auspices of the Rockefeller Foundation, the Federal Department of Health, Ottawa, and under the supervision of the Department of Health in Manitoba. The study will include the rural area section of the Province, comprising seven municipalities with a total population of fifteen thousand. Included in this will be a study of four or five national groups. Special forms have been prepared by the Department of Health, and the municipal doctors will be paid for their services for the compilation of these reports. While I realize this is not in direct answer to your enquiry re health insurance, it does, of course, have a bearing on the trend, and I thought it might be of interest to your committee."

Ontario: The Committee members report that no development has occurred in the establishment of Health Insurance under the Provincial Government. The Registered Nurses Association of Ontario has submitted to the Department of Health and the Department of Welfare a memorandum to the effect that nursing service should be included in any form of Health Insurance, and putting the services of the Association at the disposal of the Provincial Government when this subject is under consideration.

A private plan for Health Insurance has been organized, and is known as "The Associated Medical Services Incorporated." This plan supplies medical services by a system of prepayment. Benefits included are medical service, hospitalization (at a set per diem rate) and nursing service. The cost is scheduled for individuals or for families. It is, of course, entirely voluntary, and has no connection with any policy of Health Insurance from a governmental standpoint.

Quebec: The Committee members in Quebec report as follows: "I am writing you at the request of the other two members in Quebec Province of the Health Insurance and Nursing Service Committee of the Canadian Nurses Association, of which you are chairman, to let you know that insofar as is in our power to ascertain, Health Insurance in this province is not being considered, nor is it likely to be."

New Brunswick: The President of the New Brunswick Association of Registered Nurses reported that no development or progress in the establishment of Health Insurance has occurred.

Nova Scotia: The Secretary-Registrar of the Registered Nurses Association of Nova Scotia, reported that the Department of Health was conducting surveys of health conditions in various parts of the Province, and that these surveys might lead to a consideration of Health Insurance at a later date.

Special Activities

At the meeting of the Executive Committee held in Regina, March 5, 1938, this Committee was authorized to prepare a brief on the relation of nursing service to the social and health services of Canada, for submission to the Royal Commission on Dominion-Provincial Relations. As the time for the preparation of the brief was very limited, the Ontario members of the committee assumed responsibility for the preparation.

In 1935, the Canadian Nurses Association presented a memorandum on Health Insurance and Nursing Service, to the Minister of Pensions and National Health, and this memorandum was taken as a basis for the brief to be prepared in 1938. In preparing this brief, the committee endeavoured to have it as concise as possible, and to leave all details for consideration when there is some definite plan being studied. The committee felt that the two main facts to be emphasized were: *first*, that nursing serv-

ices should be one of the benefits in any plan of Health Insurance, and *second,* that the Canadian Nurses Association was so organized that definite leadership in all matters pertaining to nursing, could be given under a Federal policy or under a provincial policy in any one of the Provinces.

The Committee was asked to supply 95 copies of the printed brief to the Secretary of the Commission for distribution. Copies were also distributed to the different provincial nursing associations by the Executive Secretary. A copy of the brief is attached to this report.

On May 9, the members of this Committee resident in Toronto, appeared before the Royal Commission on Dominion-Provincial Relations, in the Legislative Chambers of the Parliament Buildings, and presented the brief. The representatives of the Canadian Nurses Association were very well received, and given every consideration by the members of the Royal Commission. A letter of appreciation for the privilege extended, and the reception of the brief, was sent to the Secretary.

Jean I. Gunn,
Chairman

REPORT OF COMMITTEE ON RELIGIOUS GUILDS

At the Biennial Meeting of the Canadian Nurses Association in Vancouver in 1936, it was unanimously recommended that this Committee continue to function and I was appointed Convenor. Each Provincial Association was requested to appoint a representative to serve on the Committee, and when the Committee was formed, a questionnaire was sent to each member, embodying the following questions and other suggestions which might assist in obtaining the required information. They were requested (1) to ascertain if any religious guilds existed in the Province. (2) To ascertain if the Student Christian Movement were active in any of the Nursing Schools. (3) To secure information from groups of nurses, students and graduates as to the interest or necessity of any effort to stimulate religious influence among nurses, other than that which may exist through membership in their respective church societies. The replies to the questionnaire indicate that Religious Guilds are practically non-existent at present with the exception of two among the Roman Catholic nurses of two Provinces. A few schools are affiliated with the Student Christian Movement, while other schools have discontinued this affiliation, without any definite reason being stated.

Other information and recommendations have been varied and interesting. The majority of the Provinces have, through their convenors, expressed themselves as being definitely interested in the formation of Guilds or the development of other influences which would stimulate the religious life of the student and the graduate nurse also. It was recognized that the ideals of service which prompt the majority of young women to enter nursing schools are live and spiritual, and should be fostered and developed.

It has been suggested by more than one Provincial representative after conference with her groups that a Vesper Hour on Sunday evenings would be appreciated by the graduate personnel as well as the students in hospitals, also that church attendance should be encouraged by the graduate staff to a greater degree than prevails at present. It was also suggested that missionary nurses on furlough should be invited to address students and graduates, thereby interesting them in a field which is always open to nurses. It was reported that many schools

send a list of their new students to the church of which they are members, but this rule is not observed by all schools, and it has been recommended that all schools follow this procedure. One Provincial representative recommended that a church service for nurses be arranged once at least during the year. In view of these reports and suggestions, I would like to recommend that this Committee be continued, as there is undoubtedly a definite interest throughout Canada; for as one representative writes: "In these days of stress and strain, when there are so many conflicts in the lives of young people, every effort should be made to develop that spiritual consciousness which must exist when these young women enter the school of nursing."

Margaret Moag
Convener

ENROLMENT FOR EMERGENCY SERVICE

In presenting this biennial report, I am quoting from the report presented to the Central Council of the Canadian Red Cross, by the chairman of the National Joint Committee, Enrolment of Nurses for Emergency Service.

The number of nurses enrolled for Emergency Service was 1,859, a gain of 172 or about 10% over the previous year. There is still a deficiency of over one-third of the minimum quota of 3,000 which the Committee set up three years ago to encourage enrolments. It will be noted from the list given below that the largest increase occurred in Saskatchewan, and that in New Brunswick the quota of 125 has been successfully exceeded. In Saskatchewan as well as in a number of other provinces, reminder slips were sent out by the Registrar of the Provincial Nurses' Association with the regular notice regarding the payment of annual dues. It is also satisfactory to note the gratifying increase made in Nova Scotia, where the number of enrolled nurses is beginning to approach the quota figure. Information by provinces has been tabulated as follows:

	Quota	1936	1937	
British Columbia	525	267	281	. . . an increase of 14 or 5.2%
Alberta	170	180	96	. . . decrease of 84, or 46%
Saskatchewan	270	150	246	. . . increase of 96, or 64%
Manitoba	110	67	52	. . . decrease of 15, or 22.3%
Ontario	725	335	414	. . . increase of 79, or 23.5%
Quebec	840	340	386	. . . increase of 46, or 13.5%
New Brunswick	125	144	167	. . . increase of 23, or 16%
Nova Scotia	175	115	143	. . . increase of 28, or 24.3%
Prince Edward Island	60	64	47	. . . decrease of 17, or 26.5%
Out of Canada	....	25	27	
	3,000	1,687	1,859	

Two meetings of the National Joint Committee were held during the past two years and also one meeting held of the C.N.A. representatives on this Committee. At the request of the New Brunswick Committee, the final Report of the Enrolment prepared for submission to the Department of National Defence was not made until January of this year, instead of in October as was formerly done. The majority of the provinces have carried out an intensive campaign duing the past two years, to stimulate interest in the enrolment for emergency service, and in some of the provinces have been most successful.

British Columbia reports that they are zoned geographically for provincial needs and alphabetically for national purposes, which would indicate a well-organized programme.

Quebec reports that with every registration certificate issued in that province, an application form for enrolment is also included, with explanatory pamphlet attached, and that written requests are issued annually to all hospitals, nursing schools, alumnae associations and other groups with the offer of a speaker at any time on the subject of enrolment. Over twenty such groups were addressed in Quebec during the past year.

Saskatchewan reported early in 1937 that in the cities of Regina and Saskatoon, individual nurses undertook a personal campaign to bring the question of enrolment before others and had remarkably good success. Unfortunately during the Winter and Fall of 1937, there has been a great residence change in the Saskatchewan nurses with the result that their final list is somewhat lower in numbers than that of the previous year.

Prince Edward Island draws attention to the fact that they consider their quota of sixty nurses on the enrolled list a somewhat high percentage for them to attain each year, in as much as their total 1937 Provincial membership is only 119 in all.

Nova Scotia has adopted the same policy as Quebec, whereby leaflets and applications forms are sent out to all new nurses from the Registrar's office, whilst additional letters are sent to superintendents of training schools and presidents of local branches, requesting their co-operation in making the enrolment of nurses a success.

Ontario reports an intensive publicity campaign, both by newspaper articles and addresses to all alumnae groups. In 1938, the plan of zoning the province of Ontario was started, whereby each zone's list of enrolled nurses will be filed in the Red Cross office of that particular district and as nearly as possible geographically in the centre of the zone. One nurse on each zone list is to be designated by the R.N.A.O. as the key person to be contacted immediately in an emergency. This "key" nurse shall have a duplicate list of the nurses enrolled in her zone. Nurses subsequently enrolling would have to be added from time to time and addresses kept up to date. A complete list of all the zoned districts will also be filed at the Provincial Red Cross Headquarters as well as one filed with the secretary of the R.N.A.O.

At the 1938 meeting of the National Joint Committee for the Enrolment of Nurses for Emergency Service, both from correspondence from the provinces as well as from other indications, it was noted that there has been somewhat of a tendency for the representatives of the Canadian Nurses Association, and of the Red Cross to operate as two separate committees instead of as a joint committee. The motion was passed that in order to sustain the entity of the National Joint Committee appoinments of representatives be made for a period of two years, this period to begin at the time of the Biennial meeting of the Canadian Nurses Association in Halifax, and that the chairman and secretary should be appointed by the Committee alternately from the representatives of each organization.

In most of the provinces quite definite progress is being made, and it would appear that there is every reason to continue with the work.

All of which is respectfully submitted.

F. Mabel McEwen,
Convener, National Committee
Enrolment for Emergency Service,
Canadian Nurses Association.

FINANCIAL ASPECTS OF THE NIGHTINGALE FOUNDATION

At the third ordinary meeting of the Grand Council of the Florence Nightingale Foundation, held in London, July 6 to 9, 1937, the treasurer, Sir Arthur Stanley, gave a very comprehensive report of the financial obligations of the Florence Nightingale International Foundation. The treasurer stressed the fact that the continuance of the work of the Foundation depended upon the building up of the Endowment Fund. The expenditures have exceeded the income, and this situation has had to be met by emergency methods. One of the methods adopted has had a very direct effect on the students enrolled. Up until 1936, the student sent on scholarship had an allowance for current expenses of £3. for 11 months, or a total of £33., returned to her from the scholarship paid into the Florence Nightingale International Foundation. This allowance was discontinued, thereby increasing the cost to the individual student by £33.

The treasurer reported that an endowment fund of at least £50,000. was needed to meet the deficit between the income and expenditure. This amount is based on the present income from students and would not allow the fees for students to be reduced In the report of the Study made by the Special Committee, of which Miss E. K. Russell, Director of the School of Nursing, University of Toronto, was a member, several recommendations were made, which were related to the financial administration of the Foundation. Quoting from this Report, the following recommendations are selected:

1. That as soon as possible, the cost to each student be reduced so that a larger number of students will be attracted.

2. That every effort should be made to encourage the registration of students who will be paying their own expenses.

3. That the Foundation shall continue to urge the member countries to encourage students by the giving of scholarships.

4. That the decision concerning the amount of any scholarship would be entirely the affair of the person or persons giving the scholarship.

5. That full information be made available concerning the total cost to the student in connection with the work, and that this information be given widely for the benefit of those who are considering a scholarship, and also for those students who expect to pay their own expenses.

In studying these recommendations, it is very easily seen that the Special Committee felt the cost to the student should be reduced. If this is done, the endowment must be added to in order to meet this increased deficit.

The Treasurer suggested that each member country of the Foundation be asked to raise, over a period of six years, 1937-1943, a proportion of the endowment fund on an agreed basis. The basis suggested by the Treasurer was one of population of the countries concerned. Countries becoming members at a later time could contribute on the same basis, and in this way, the necessary additional endowment could be realized, since the proposed amount of £50,000. is not sufficient for a permanent endowment. The cost of the educational activities of the courses will increase as the course is revised and optional courses are added. This change in the programme of courses offered was definitely recommended by the Special Committee. Several countries objected to this method, since the population of the country did not in any way represent the strength of the nursing profession in that country. The immediate procedure was finally decided by the adoption of the following resolution: "That the quota method of assessing contributions from member countries be adopted in principle. That the Committee of Management be authorized to make proposals on an approved basis to National Florence Nightingale Memorial Committees."

The Endowment Fund, as reported in July 1937, was £6701; in March, 1938, £9591. The amount added during the past year is approximately £2889.

It is to be noted that the expenditures of the Foundation continue to exceed the income. In the reports for the past three years,

the deficit was as follows: 1936—£813; 1937—£151; 1938—£412. The smaller deficit in 1937 was partially due to the discontinuance of the allowance of £33. to the students enrolled. This deficit each year has to be met, and each year, a special effort has been made by the National Florence Nightingale Memorial Committee of Great Britain to meet this additional demand. In this way, this contribution which might have been added to the Endowment Fund has to be used to meet the annual deficit.

A short review of the past three years will present the financial obligation of the Foundation:

Income	1936	1937	1938
Scholarship fees	£3133.	£4450.	£4908.
Receipts from visitors	250.	319.	177.
Interest on investments and deposit account	68.	142.	245.
Refund of fees from Ministry of Health	10.	5.	.....
Donations on account of income	.....	652.	330.
Sundry receipts	.....	.....	4.
Total	£3461.	£5568.	£5664.

It will be seen that the increase in income each year is largely due to the increase in the scholarship fees received.

Expenditures	1936	1937	1938
Educational expenditure	£1408.	£1568.	£1520.
Household expenses and overhead charges	2123.	3142.	3232.
Office expenses	537.	699.	1014.
Depreciation	207.	310.	307.
Total	£4276.	£5726.	£6074.

The deficit stated above is definitely shown in the comparison of this statement to the total deficit for the three years amounting to £1378.

The outstanding need of the Florence Nightingale International Foundation at the present time, is increased income. This can be secured in two ways: firstly, by an increased enrollment of students and secondly, by an increased endowment fund. The first remedy is conditioned by the housing capacity of the Headquarters at 15 Manchester Square. No appreciable increase in students can occur until increased housing is provided, or a different housing policy adopted for the enrolled students. The second remedy needs no discussion. It is simply a question of raising the required fund through the efforts of the National Florence Nightingale Memorial Committees in the different countries. When the decreasing rate of interest on invested funds is taken into consideration, the task of completing an adequate endowment fund becomes an increasingly difficult one. It is only through the continued interest and support of all the member countries, that this can be accomplished.

Jean I. Gunn.

REPORT OF SCHOLARSHIP AWARD COMMITTEE

The Florence Nightingale International Scholarship Committee, as appointed in 1936, was composed of the following members: Miss Mabel Gray, Miss Grace M. Fairley, Miss Kathleen Russell, Miss Ruby Simpson, and Miss Marion Lindeburgh, convener,—the duties of the Committee to be the consideration of applications for, and the awarding of, the scholarship. The convener was given power to devise any plan of procedure which would assist the Committee in its work.

Upon assuming office, the convener made an analysis of the forms used in evaluating the applications. These were sent, with added suggestions, to the members of the Committee for criticism. Two extra forms were composed by means of which a more complete picture of the applicant might be secured. These additional forms were approved by Miss Fairley, chairman of the Florence Nightingale Memorial Committee of the Canadian Nurses Association. The Committee decided that the important items for consideration were age, health, general education, culture and poise, professional preparation in a good school of nursing, length of time since graduation, nature and quality of professional service, participation in nursing affairs, and experience in public speaking; in a word, the candidate should be a person who would be a good student and who would represent Canadian nurses adequately—further, that she should be chosen from the point of view of being able to make a worthwhile contribution upon her return to Canada.

In the beginning the question was raised as to the method of selection. It was felt that perhaps it would be more constructive procedure for the Canadian Nurses Association to find and prepare a specially chosen person to undertake the International Course, but in view of the fact that the money for the Scholarship was being raised through provincial contributions, the present method of receiving applications was considered more democratic and acceptable.

Members agreed to handle the applications on a closely co-operative basis, each member conveying to the others, (through correspondence,) her knowledge of any applicants known to her; also members should seek additional information from reliable sources, if necessary. It was decided further that after careful study and investigation each member should make tentatively a first, second and third choice: through such procedure a final decision would then be made. Twenty-six applications were received in 1937. After extensive correspondence, the award was made to Miss Maisie K. Miller, Moncton, N. B.

In June 1937, a meeting of the Award Committee was held in Montreal. Members present were Miss Fairley, Miss Simpson, Miss Jean Wilson by special request, and the convener. Regret was expressed that Miss Gray and Miss Russell could not be present. Several adjustments were made. It was agreed that for the fifth and final year (as pledged) of the Scholarship award, the Award Committee should be responsible for application forms, the preliminary announcement in *The Canadian Nurse,* and the selection of the candidate. Out of the twenty-six applications received in 1937, not more than one-quarter were really eligible. In the light of this fact, the Committee discussed and approved the following points:—

1. Applicants must have full matriculation standing which is recognized as entrance to Canadian Universities.
2. Candidates must be graduates of approved schools of nursing with at least two years experience since graduation. Preference should be given to applicants from the better schools where undergraduate experience is broader; if, however, from a smaller school, it should be one with fully qualified teaching staff, and the applicant should have had additional nursing experience to broaden her viewpoint and supplement her nursing experience.
3. Applicants must be active members of their provincial associations and should have made a definite voluntary contribution to nursing work.
4. Certain additional items were inserted in the application forms, including a request for a transcript of high school

standing, and an X-ray report of chest examination.

It was also agreed to include in the preliminary announcement in *The Canadian Nurse* more specific information regarding the qualifications of applicants for the scholarship, and that an article written by the convener of the Florence Nightingale Memorial Committee, (C.N.A.,) should also appear, emphasizing the responsibilities of an international student representing Canadian nurses in London.

Upon the basis of adjustments made in 1937, the Committee was in a much better position to consider the eight applications submitted this year. The award was finally made to Miss Bianca M. Beyer, of Toronto. She has selected the course in Administration and Teaching which appears in the new announcement of the College of Nursing.

As convener during the past two years, I should like to take this opportunity of expressing my thanks and gratitude to the members of the Committee for, their unfailing co-operation and help. Their impersonal and unbiased opinions and objective treatment of the many problems which arose, greatly facilitated the work of the Committee.

Marion Lindeburgh
Convener

REPORT OF THE NIGHTINGALE MEMORIAL COMMITTEE OF THE C.N.A.

During the past two years the work of this committee has been carried out entirely by correspondence. Letters were sent to the provincial conveners in the Fall and Spring of 1936-37-38 and any points of interest were forwarded for publication to the editor of *The Canadian Nurse*.

The results of these letters of appeal have been most gratifying as is seen by the following table:

	1936-37	1937-38
Alberta	$253.63	$236.50
British Columbia	502.59	445.20
Manitoba	347.15	322.45
New Brunswick	190.20	190.15
Nova Scotia	126.50	137.40
Ontario	830.61	697.88
Prince Edward Island	50.15	50.00
Quebec	212.75	374.20
Saskatchewan	401.82	310.00

From this amount two scholarships have been awarded amounting to $2500.00, and a sum of $2500.00 has been forwarded to the Florence Nightingale International Foundation towards the endowment fund. After the payment of this year's scholarship and donation to the endowment fund there will be a balance of $996.00.

Early in 1937 a letter was received by the Canadian Florence Nightingale Memorial Committee from the British Red Cross announcing an International Bazaar to be held in London at the time of the meetings of the Foundation. Copies of this letter were forwarded to the provincial conveners requesting support for the scheme, and as a result the contributions of the Canadian arts, crafts and manufactured goods sent in by the Canadian Nurses Association were most generous. As will be noted elsewhere, the Canadian Red Cross also contributed generously and acted as the receiving office for all Canadian contributions. It was with interest that we were notified by the Canadian Red Cross that certain Indian articles had been presented to the British Museum, and the official acknowledgement is now at C.N.A. headquarters. The articles referred to included a totem pole, carved in shale, from Queen Charlotte Islands; a split cedar

root basket, currency shell beads, stone arrowheads, and beaded skin bag. All of these had been included in the Canadian Nurses Association donation, and the Canadian Red Cross to whom the acknowledgement was sent very thoughtfully sent it to the Canadian Nurses Association Committee.

We have now completed our five-year pledge and must decide what further support we will give the Foundation. As has been stated in the Canadian Committee report, the International Foundation entered into an agreement with Bedford College in 1937 for a further five-year period which leaves four years from now yet to be financed.

The organization and arrangement for the past five years has been most satisfactory, and, as convener, I wish to express my real appreciation of the cordial and ready support from the provinces through their conveners, in fact it is they who have done the work.

Grace M. Fairley,
Convener.

REPORT OF THE EXCHANGE OF NURSES COMMITTEE

In the spring of 1937, the exchanges between three South African nurses and three Canadian nurses for the period of one year were completed. Miss Hiscock and Miss Wareham (Montreal General Hospital) remained in South Africa and now have positions as Sisters in the Groote Schuur Hospital, Capetown. Miss Reid (University of Alberta Hospital, Edmonton) was offered and accepted a position in a large hospital in Johannesburg.

Miss Grace Fairley, superintendent of nurses, Vancouver General Hospital, took a South Africa nurse for one year. This was not an exchange, as no nurse on the Vancouver General staff went to South Africa. Miss Fairley reported that Miss Joubert showed excellent co-operation and adaptability.

At the end of December 1937, the following cable was received from Mrs. H. C. Horwood, organizing secretary of the South African Trained Nurses' Association: "Offer engagement new hospital Capetown to recommended staff nurses from hospitals already approved by South African Medical Council. Cable number available. Vacancies twenty. Salary £100. to £120. with uniform." The Committee at once set to work to get the twenty nurses. The editor of *The Canadian Nurse* was able and willing at the last moment before going to press with the January number of the *Journal*, to insert a whole page advertising these opportunities, so that the information was available to all readers of *The Canadian Nurse* early in January.

The following is a list of the nurses who were recommended by the Committee and who have gone to the Groote Schuur Hospital in Capetown:

Miss Ruth A. Webb, Hospital for Sick Children, Toronto.

Miss Winnifred Perrin, Hospital for Sick Children, Toronto.

Miss Ruth Moore, Toronto General Hospital.

Miss Pauline Brown, Toronto General Hospital.

Miss Ruth Ramsay, Royal Alexandra Hospital, Edmonton.

Miss Mary Slaney, Royal Alexandra Hospital, Edmonton.

Miss Marion Sissons, Royal Alexandra Hospital, Edmonton.

Miss H. Jean Lynds, Calgary General Hospital.

Miss Grace Grant, University Hospital, Edmonton.

Miss Lillian MacKenzie, Toronto General Hospital.

Miss Jean M. Nichol, Toronto General Hospital.

Miss Eugenie Stuart, Toronto General Hospital.

Miss Florence Sparling, School of Nursing, University of Toronto.

Miss Mary Thom, School of Nursing, University of Toronto.

Miss Helen Cookson, Royal Victoria Hospital, Montreal.

Miss Margaret Green, Provincial Royal Jubilee Hospital, Victoria.

Miss Jean McLeod, Royal Alexandra Hospital, Edmonton.

Miss Jean Blackbourne, University of Alberta Hospital, Edmonton.

Miss Hazel M. Hay, Royal Victoria Hospital, Montreal.

Miss Isabel Secord, University of Alberta Hospital, Edmonton.

The following is an excerpt from a letter received from Mrs. H. C. Horwood, Organizing Secretary of the South African Trained Nurses' Association, commenting on the Canadian response to the appeal for twenty staff nurses for the Groote Schuur:

"The 'twentieth nurse' will complete our vacancies and I trust you will accept our most grateful thanks for the generous assistance you have given us. This must have entailed a great deal of work on the part of your Committee, but, if I may say so, it is not only a contribution toward nursing service and nursing education, but also a big contribution towards strengthening the bonds of the Empire."

A new type of exchange was worked out in Canada for the school year 1937-38. Miss Elizabeth Kenwell, a school nurse on the staff of the Edmonton Public School Board was exchanged with Miss Adelina Fowler on the staff of the London Public School Board. Interim reports from the Superintendent of Schools of Edmonton and the Chief School Medical Officer of London, Ontario, state that the exchange has seemed satisfactory in every respect.

The Committee co-operated with the College of Nursing, London, England, in arranging four months' experience for Miss P. Irene Robson, Sister Tutor on the staff of St. Mary's Hospital, Highgate Hill, London. Most of her time in Canada was spent in the Montreal General Hospital, the Royal Victoria Hospital, Montreal, the Vancouver General Hospital, and the Toronto General Hospital. Perhaps Miss Robson's letter, written after her return to work in her own hospital will give an idea of her opinion of the benefits derived from her observation course in Canada:

"You will think me most neglectful in not acknowledging until now your very kind deed of sending me the lists of observations and visits which I made in Canada. I offer my most grateful thanks to you and the Exchange Committee for making such visits possible. The welcome I was given by the superintendents and staffs of hospitals was most warm, and I felt on leaving that I had known everybody such a long time. It was a very great pleasure to me, to visit Canada and Canadian hospitals, and to meet the members of the various staffs. The knowledge I gained in methods of teaching, training school administration, and general nursing practice will prove invaluable. After having such a full time for six months, I still feel I ought to be consulting a time table, as to what to do next."

The only Canadian nurses for whom a course has been arranged during the biennial period are Miss Edith G. Young and Miss Lois Stewart of Nicholls Hospital, Peterborough. The following itineraries were arranged for them by Miss Hester Parsons, Director in the Education Department of the College of Nursing, to cover a period of four months. For Miss Young: April 7 to May 4—Royal Infirmary, Liverpool; May 4 to June 1—St. Thomas's Hospital, London; June 1 to July 1—University College Hospital, London; July 1 to July 15—Royal Infirmary, Edinburgh; July 15 to July 31—Royal Infirmary, Glasgow.

For Miss Stewart: April 7 to May 4—Royal Infirmary, Manchester; May 4 to June 1—St. Thomas's Hospital, London; June - to July 1—St. Bartholomew's Hospital, London; July 1 to July 15—Royal Infirmary, Edinburgh; July 15 to July 31—Royal Infirmary, Glasgow.

Miss Young wrote immediately after her arrival as follows: "Just a note to tell you

that we arrived safely in Liverpool today and were received most hospitably by the Matron, Miss Jones. History and tradition have already become a part of me and I am looking forward with great pleasure to my month here."

Most of the members of the present Committee have carried on for eight years. The first year was spent in trying to establish a basis of co-operation with other English-speaking countries. Then followed an arrangement with the College of Nursing for reciprocal periods of observation. The next step was to establish exchanges on salary with South Africa. This year we have arranged an exchange between school nurses in two Canadian cities, and the most recent development was the request for twenty Canadian nurses for staff positions in the Groote Schuur Hospital in Capetown.

No doubt this is only the beginning of many important international activities in nursing. Your Committee has proceeded cautiously during the experimental stage, but there is now a sufficient body of experience to warrant expansion of this valuable educational development.

Jean E. Browne
Convener.

SUMMARY OF PROVINCIAL REPORTS

Alberta Association of Registered Nurses

During the period 1936-38, the Alberta Association of Registered Nurses membership has increased from 882 to 1120. During the past year thirty-five members of the Association have taken post-graduate courses in various types of nursing.

In September 1937, a School of Nursing, which offers a Degree in Public Health Nursing was established at the University of Alberta, with Miss Agnes J. MacLeod, M.A., Reg. N., as its director. This year nine students received the degree in public health nursing.

Through a study made by a Committee, convened by Miss Phyllis Gilbert, a recommendation was made to the Council to organize sub-divisions of Registered Nurses. As a result a District in the Peace River area has been organized.

The 1938 annual meeting will take the form of a combined refresher course and convention to be held in Calgary the week prior to Thanksgiving.

The nursing service which the Association has provided to the isolated district of Alder Flats, and which has given employment to nurses interested in public health, since October 1933, has been taken over by the Department of Public Health.

The Department of Education has extended to the Association, the privilege of having representation on the Committee studying the new high school course of study.

A. E. Vango
Secretary

Registered Nurses' Association of British Columbia

The activities of the Registered Nurses Association of British Columbia for the period 1936-38 have been quite varied and in some instances unusual. There has been a great deal of social legislation which has affected hospitals both in connection with hours of work and wages, and a committee of the Department of Labour, known as the Industrial Relations Committee, is making a survey of all hospitals in the province with special relation to working conditions of graduate nurses and students. This Committee "sat in" with groups of instructors, staff nurses, and students and conferred

with the Council of the Registered Nurses Association and the British Columbia Hospitals Association. Their report has not yet been made public, but it is expected that definite changes will take place as a result. We believe that their recommendations are for an eight-hour day and a forty-eight-hour week and that in the case of student nurses all classes will be held within the eight hours. Naturally we are waiting with interest the outcome of this Committee's report.

There are seventy-two hospitals staffed with graduate nurses, and the Council has realized the need for contact with registered nurses, especially in the smaller centres. During the past two years, the registrar and president have visited as many centres as possible in an effort to have conferences with the members of the Association. This year a sum of money has been set aside for the purpose of organizing lectures, demonstrations and conferences according to local requests in the various districts.

One scholarship was given during 1936-37, and the successful member took the teaching course at the University of British Columbia.

The Provincial Mental Hospital has recently built an addition to its Nurses' Home so that in October of this year the affiliation course arranged by the Council for under-graduates from the various Training Schools will commence. For the present, the course will be of two months duration, and there will be from fifteen to eighteen in the first classes.

Grace M. Fairley

President

Manitoba Association of Registered Nurses

Approximately 3800 nurses have registered in the Province since 1914. Of this number 1977 were active paid up members as at December 31, 1937.

The Summer School Committee, in co-operation with the University of Manitoba, have organized a six weeks summer course for graduate nurses to be held jointly with the Summer School for Teachers.

A survey of the schools of nursing will be concluded early in the fall. There has been a ready willingness to co-operate on the part of each school.

The Executive of the Manitoba Association of Registered Nurses was approached by the Minister of Education for recommendations regarding a pre-nursing matriculation course for girls in grades nine, ten and eleven. A committee has been appointed to consider this question and at present is studying the possibilities of a pre-nursing year following completion of high school.

Gertrude M. Hall

Executive Secretary

New Brunswick Association of Registered Nurses

On January 1, 1938, there were 1060 members on record, 661 of whom were in good standing.

The Legislation Committee of the Association has prepared a new Registration Act which will effectively raise the standards of school of nursing, if it becomes law. The Committee is preparing to present the new Bill before the Provincial Legislature in the near future. A special committee has been formed to investigate the possibility of a scholarship award by the Provincial Association. School visiting, instituted in 1936, has been regularly carried on by the Registrar.

Maude E. Retallick

Secretary-treasurer-registrar.

Registered Nurses Association of Nova Scotia

At the present time paid-up membership is 747, an increase of 49 over last year. The membership has shown an increase for the past several years, due in part to stricter rules governing the registration of nurses holding institutional positions in the Province, in part to increased employment and, this year, to interest in the Biennial Meeting of the C.N.A.

Committees: All committees have been active, the most interesting being the Survey of Schools of Nursing Committee, which met several times to draw up a suitable questionnaire to be used by the registrar in making the survey. Following this the registrar was sent to Montreal to confer with the official school visitor for the Province of Quebec, and visits were then made to fifteen schools of nursing and one affiliated school in the Province, and the reports submitted to the committee. While there have been no spectacular developments during the two year period, interest is being shown increasingly in the Association and attendance at meetings has been good.

Muriel J. Graham
Secretary-treasurer

Registered Nurses Association of Ontario

Membership: The membership on May 14, 1938, was 3,787, and as compared to that on the same date in 1936 shows an increase of 52.1%. In checking with the January mailing list of *The Canadian Nurse*, it was found that 28.3% of the members subscribed for the *Journal*.

Legislation Committee: In 1935, the Minister of Health appointed a special committee with representatives from the Department of Health, the Department af Education and the Registered Nurses Association of Ontario to discuss the rules and regulations relating to the Registration of Nurses Act which were revised in 1936. This committee has continued to act, and the opportunity of discussing these regulations in an informal way, proved most helpful to the Legislation Committee. Therefore, from the general meeting in 1938, a request was forwarded to the Department of Health that a committee with representatives from the Department of Health, the Department of Education, and the Registered Nurses Association of Ontario be appointed to serve in an advisory capacity in matters of nursing education and nursing service.

Publicity Committee: This year the committee in conjunction with a local representative, had charge of the publicity for the annual meeting, and abstracts of papers and reports were prepared ready for publication. It was felt that this would assist in better publicity for the meeting, and a more accurate account of the proceedings appearing in the press. The Committee also prepared and circulated, throughout the Province, information regarding loans from the Permanent Education Fund.

Committtee on Relationships between the Registered Nurses Association of Ontario and the Schools of Nursing of the Universities of Ontario: This committee was formed to provide a means by which the University Schools can keep the professional group informed concerning their activities; and by which they can be advised of professional opinion and requirements, and receive professional allegiance and support. The unanimous opinion of the general meeting was that this report should be circulated among people who were primarily interested in this question, including many educational and health authorities.

Other Committees: The committee to study the question "that all who nurse the sick for hire should be licensed" is continuing to study this important question, but have no definite recommendations to make at present. The Committee on Archives is actively engaged in collecting material and information relating to the organized Nurses Associations in Ontario. This year a special committee was appointed to study the question of sections within the Association.

Registration: Registration in the Province of Ontario and the Registered Nurses Association of Ontario are entirely separate. We gratefully acknowledge the co-operation of the Director of Nurse Registration in preparing the following information for our report:

"Under the revised rules and regulations relating to the registration of nurses, any nurse who has been graduated by an approved school for nurses outside of Canada may be entitled to sit for examination to qualify for registration in the Province of Ontario, provided that such nurse has been

registered under regulations satisfactory to the Department of Health, and that the country, province or state in which such nurse has been registered extends a similar privilege to registered nurses of the Province of Ontario. At the present time consideration is being given to a plan which will provide a satisfactory basis for reciprocal registration for nurses holding registration under the General Nursing Council for England and Wales and for nurses registered in Newfoundland. An Act to amend the Nurses Registration Act was passed at the last session of Parliament, which prohibits the establishment of training schools for nurses without the consent of the Minister of Health."

Constance E. Brewster,
President.
Matilda E. Fitzgerald,
Secretary-treasurer.

Prince Edward Island Registered Nurses Association

Membership: The members of the Prince Edward Island Registered Nurses Association now number 112, a marked increase since 1936 when the number was 67. About 38 per cent of the members are inactive. The majority of the nurses are engaged in private duty nursing.

Annual Meeting: At the Annual Meeting in 1937 approximately forty members, or two-thirds of the active members, attended. At the approaching annual meeting the most important subject for discussion will be the programme for the Refresher Course which will be held as soon as possible following the Biennial Meeting of the Canadian Nurses Association.

Sister M. Stanislaus,
President.

Association of Registered Nurses of the Province of Quebec

Membership: During the past two-year period membership has been as follows: in 1936 there were 3531 members in good standing; in 1937 there were 3700.

Annual Meetings: Separate English and French, as well as bi-lingual sessions, are arranged so that problems and interests specific to either group may be dealt with to best advantage. The attendance at the last annual meeting was the largest on record.

National Enrolment: Four thousand copies of the pamphlet outlining the plan for National Enrolment have been issued to our members since the scheme was organized in 1930. We include this, and an application form, with each registration certificate issued. The number now enrolled is 450.

Scholarships: Two scholarships of $250. each were awarded to members by our Association during 1936 and 1937, the amount this year being raised to $300. each. Since the foundation of our Association in 1920, thirty such scholarships have assisted members with their various courses at our two Montreal universities, the number of applications received being ten times the number of scholarships available.

Refresher Courses: Refresher courses for nurses have been very much the order of the day during the past two years, the season 1937-38 being particularly interesting.

Public Relations: At the request of the Public Relations Committee of the Provincial Association of Protestant Teachers of Quebec, the two Associations entered into a mutual agreement to co-operate more closely on matters of education. Since that time articles have been written by our members and published in the Teachers' Magazine (the official organ of the Association) and members of the Teachers' Association have addressed our meetings.

Approved Schools: There are 37 approved schools of nursing in the Province over which our Board presides as the Council on Education.

Curriculum Study: Following the publication of the Proposed Curriculum for Schools of Nursing in Canada, the Board of Management of our Association recommended that all schools in our province should give it serious study. Study groups have been organized and in many instances made recommendations which have resulted in a definite attempt to effect: a better

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Supervisor,

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selection of students; a shorter day and longer vacation periods; a reduction in the number of classes given outside the day-time duty schedule; improvement in health programme and method of recording same; improvement in the standards of qualification of teaching and supervisory staff; improvement in teaching methods.

....*Registration Examinations*: Six sessions of the examinations are held during the year; one in the Spring and Fall by our Association for all English candidates and those of the French group who care to enter, also one session is held at each of the two French universities, Spring and Fall, for French-speaking candidates. A new ruling which went into effect with the last session of our examinations permits candidates to write a supplementary examination on any subject once only; failure a second time necessitates re-writing all subjects of the examination.

Special Committees: The committee organized in 1934 for the purpose of studying ways and means of establishing a Nursing Service Bureau ceased to be a Committee within the Association at the end of 1937, following presentation of the report of the Bureau's first experimental year. This Committee has accepted the responsibility of sponsoring the project through this its second year, having entered into a legal agreement giving the necessary power to act. A committee on legislation under the chairmanship of Miss Eileen C. Flanagan, has been formed to study the possibility of amending our present Act.

All our regular committees, directly associated with similar committees of the Canadian Nurses Association, have met regularly and carried out their respective duties.

E. Frances Upton,
Executive Secretary and Registrar.

Saskatchewan Registered Nurses Association

In discussing the activities of this Association, we acknowledge with sincere appreciation, the help received, in the form of information and advice, from the President

and Executive Secretary of the Canadian Nurses Association and officers in other provinces. An interchange of experiences and ideas so readily effected has made possible some of the progress we are about to report. Saskatchewan has been fortunate in having our National President of the past four years an active and interested member of the Saskatchewan Registered Nurses Association.

Thanks to the interest and support of the editor of *The Canadian Nurse,* highlights in the various programmes have been reported from time to time in the *Journal.*

Careful studies of the revised plan for Dominion Registration and of the Proposed Curriculum for Schools of Nursing in Canada have not been overlooked.

In 1937, affiliation fees were paid for an active membership of 1062, the largest on record in the history of the Association.

A Registrar is on full-time duty. She is also Adviser for Schools of Nursing in this Province. Since March, 1937, ten schools of nursing in the Province have been visited twice, and a tabulated report prepared as a result of observations and finding. Through a questionnaire, contact has been made, during the past year, with 77 hospitals in the Province. The fine spirit of co-operation that prompted the replies has resulted in a better understanding of the nursing situation in Saskatchewan. There is evidence that less unemployment exists.

Among the most recent and very important developments in which this Association is vitally concerned may be cited the announcement of a new course by the University of Saskatchewan, leading to a degree of Bachelor of Science in Nursing, and the selection of Moose Jaw as a centre in which the proposed experiment of the Community Nursing Service Bureau is to be tested. While many of the details in connection with both these projects have yet to be worked out, they are felt to be indicative of progress that effects not only nurses in Saskatchewan, but those throughout the Dominion.

In spite of depression, drought and new ventures, this Association closed the year with a financial balance of approximately the same amount as on the corresponding

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date in 1937. It is with reservations but with optimism that we launch forth on new responsibilities for 1938. These include:

1. A continued study of conditions and the support of policies furthering nursing interests, activities, professional opportunities and service to the community, with special emphasis on the needs in this Province; co-operation with local organizations and with lay organizations interested in these objectives; the extension of legitimate propaganda.

2. The forging of closer links with the University with a view to raising professional standards; promoting the development of the individual; stimulating study and experimentation in the nursing field. We are happy to report that the singularly congenial and sympathetic relationships enjoyed by nurses in Saskatchewan in the past are being continued under the direction of the new President of the University.

3. The maintenance and protection of professional standards, including the completion of the revision of regulations for admission to this Association and the Minimum Standard Curriculum for Schools of Nursing in this Province.

4. Consideration of some form of affiliation with mental hospitals.

In these and other undertakings we ask the good wishes and continued co-operation of our sister provinces and look forward to reporting them in 1940.

Ann Morton,
President.

ANOTHER UNIVERSITY SCHOOL!

Kathleen W. Ellis

Just as we go to press comes the thrilling news that the University of Saskatchewan has authorized the formation of a School of Nursing as a unit of the School of Medical Sciences. Miss Ann Morton, who is the president of the Saskatchewan Registered Nurses Association has authorized the *Journal* to make the following official announcement:

In conjunction with the nursing schools of certain approved hospitals the University of Saskatchewan is offering a course in nursing leading to the degree of Bachelor of Science in Nursing. For this purpose the Senate of the University has authorized the formation of the School of Nursing as a unit of the School of Medical Sciences. Under present arrangements, Miss K. W. Ellis, B.Sc., Registrar of the Saskatchewan Registered Nurses Association, has been appointed as a Lecturer on the University Staff and will be in charge of the Department of Nursing.

By a further arrangement recently concluded between the University and the Coun-

cil of the Saskatchewan Registered Nurses Association the office of the Association will be transferred to the University of Saskatchewan, Saskatoon, in September of this year.

In announcing the change, the officers of the Saskatchewan Registered Nurses Association wish to emphasize the fact that the interests of individual members, the community and of schools throughout the province will always be a matter of first concern. It is earnestly hoped that the increased contacts with the Association office will continue and that the forging of another link with the University may prove to be a progressive step from which the profession as a whole will benefit.

The Saskatchewan Registered Nurses Association may justly be proud of having thus attained an educational objective which opens the way to further progress. The Association is to be congratulated upon the fact that its Registrar and School Adviser, Miss Kathleen W. Ellis brings to her dual responsibilities such a wealth of professional experience, as well as a sound academic preparation. The combination of the two offices is unique in Canada and suggest possibilities of a most interesting and far-reaching character. Further details about the new project will be eagerly awaited.

BEHIND THE SCENES

The glorious week of the C.N.A. Biennial Meeting at Halifax has faded into memories! But such happy, lasting memories! Nurses came from the east and the west, from the shores of the great Pacific and the wheat fields of the Prairie Provinces, from Ontario and from the metropolis of Upper Canada and the banks of the Saint Lawrence, along with those from all parts of our own Maritimes. There were old nurses and young nurses; tall nurses and short nurses; (pleasingly) plump nurses and (painfully) thin nurses—they were all there and followed no straight line but went helter-skelter, this way and that, wherever fancy called them, for there was much to see and much to enjoy during those memorable seven days.

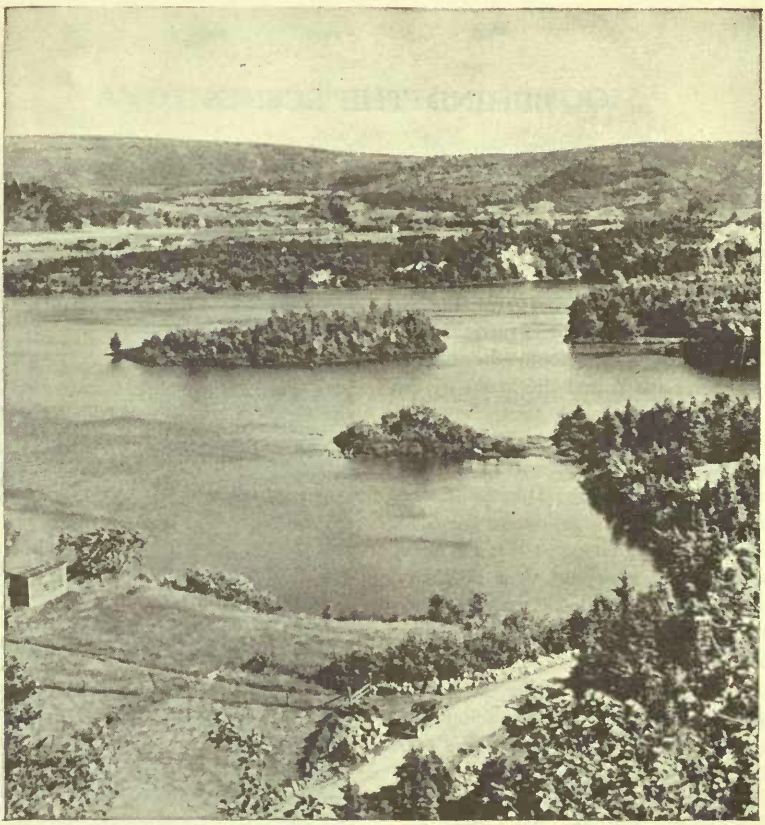
Of course the meetings themselves were wonderful, and as for the outstanding feature the "externals" of the convention such as the many exhibits, the one which pleased me most was *The Canadian Nurse* booth. The booth itself had the "uniform" air, typical of every issue, its cover of double

The Bridge of the "Lady Laurier"
Courtesy of the Canada Starch Company

blue, presented such a cheerful, friendly atmosphere that each newcomer said to herself, "Why, here is an old friend we all know"—For is not the *Journal* a friend indeed that keeps the nurses of all Canada bound together with ties of love, loyalty and interest?

Did I say *all?*—well, according to a very striking poster, only 21 out of every 100 nurses are subscribers to the *Journal*—think of it! Then came the soul-searching, conscience-stirring query, written in the very boldest type—"Am I a 79er?" To torture the guilty ones still more, there was portrayed a lean, but plucky little nurse carrying an extremely portly one—the tiny individual representing the 21; the corpulent damsel, the "79er", Thank goodness, I was of the virtuous "21ers" or I should have fainted away with shame. The exhibit itself was a revelation. It might have been termed "A day in the office of *The Canadian Nurse*". It showed the work entailed from the moment an article for the *Journal*, presents itself at the editor's desk until its final appearance in the neat folds of the blue uniform of the *Journal*. The gyrations of type and print and stencil! Well, we understand them a little better now.

For the first time we realized that the advertising section presents its own problems, though it is here that the budget is balanced, for in the words of the editor herself: "It takes a great deal of time to deal tactfully and diplomatically with the advertiser, but we love him just the same—in fact, we cannot live without him." However, *the* attraction was the "Puppet Show" and



The Cabot Trail
Courtesy of the Canadian National Railways

it was worthwhile. It had been set up in a conspicuous corner near the booth and, at certain times, the curtain of the miniature stage would roll back and a perfect one-act play would be presented. Two "nurses", manipulated by unseen hands, come forward on the stage, one in street attire, the other in uniform. After nodding recognition, they enter into conversation (supplied by special gramaphone record) which tells the spectator that Mary is on her way to the movies—the fourth this week—but bemoans the factthat her time could be better employed in writing a paper which she has promised to read at an Alumnae Meeting. Since she does not know where to turn for reference material she is shirking her duty. Jane, the uniformed nurse, listens to her tale of woe and, since she herself is one of the "21ers", seizes the opportunity and promptly asks, "Why don't you read *The Canadian Nurse?* You'll surely find something helpful in that." It's a new idea to Mary—she has never looked on the *Journal* in that way before—in fact she is not even a subscriber! Jane's motto is, "No time like the present". She convinces Mary in a jiffy and has her sign on the dotted line. Another "reformed 79-er". The curtain falls—and we too carried away the lesson.

This ingenious puppet show was planned, built and *paid for,* by District 5, Registered Nurses Association of Ontario. The puppets themselves were made and dressed by Miss Cory M. Taylor who also was responsible for the beautiful detail of the stage proscenium, back-drop and curtain. The "show" now belongs to the Registered Nurses Association of Ontario and is booked for a "tour" of the principal cities in Ontario in the autumn.

Just the other evening I heard some amusing stories told by the group of Halifax nurses who, under the capable direction of Miss M. Kathleen McDonell, looked after the booth and staged the frequent performances of "Jane and Mary". It seems there were some tense moments before the phonograph and the puppet could be got to "synchronize". In fact there *is* a rumour that most of Sunday afternoon was spent in this struggle. However, some mechanical genius finally discovered how to turn the right screws and a professionally smooth performance was the result.

The North-west Arm

The booth itself was used as a general information bureau and the "crew" found themselves giving out all sorts of information in the intervals of listening to illuminating remarks about the exhibit. Here are . few samples:

"What a queer exhibit. Nothing but a few pasted-up Journals and some dirty old papers".

"Well, I never knew how they put a magazine together before".

"So *that's* how they prepare a picture—quite a lot of work as well as expense".

Then along came the head of a great manufacturing firm: "That's an up-and-coming exhibit" said he—and signed on the dotted line!

Important New Texts

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OVERSEAS NURSING SISTERS ASSOCIATION

On Wednesday, July 6, the National Overseas Nursing Sisters Association held their biennial meeting and luncheon at the Nova Scotian Hotel, in Halifax. Seventy-one members were represented by the following members: Miss Ethel Morrison, Victoria; Miss Maud Wilkinson, Toronto; Miss Blanche Anderson, Ottawa; Miss C. M. Watling, Montreal; N/S Louise Macdonald, Kingston; Miss M. Macdonald, Halifax. A cable was read from Miss Macdonald, Matron-in-Chief, in London, England. Members were welcomed by Miss S. C. MacIsaac, president of the Nova Scotia Nursing Sisters Unit and her greeting was responded to by Miss Laura Hubley, R.R.C., President of the national Association.

Letters of greetings were received from Miss Rayside, Matron-in-Chief, Canada; Mrs. Stewart Ramsay, Past President, and from the Windsor Unit, Ontario. The Saint John, New Brunswick, Unit is considering affiliating with the O. N. S. A. of Canada.

At a tea, held at the Ashburn Golf and Country Club a most enjoyable time was spent in renewing old acquaintances. A beautiful wreath was placed on the Cenotaph by the members of the O. N. S. A. prior to the session described above.

SUGGESTION FOR SUNBURN

One of the most common ailments, even of the late summer season, is sunburn. Usually not serious, it is, however, extremely uncomfortable and often quite painful. To soothe the skin, reduce the inflammation and withdraw the fluid from the blisters and blebs of sunburn, an Antiphlogistine dressing applied cold, is markedly efficient. Put on before retiring and left until morning, it will frequently make the patient quite comfortable.

GOLDEN JUBILEE

The week of June 6 was a memorable one in the history of the School for Nurses of the Guelph General Hospital when its graduates gathered from far and near to celebrate the Golden Jubilee. The Alumnae Dinner, with the 1938 graduating class and the former superintendents of the School as guests of honour, was a most happy occasion. Two hundred Alumnae members, representing thirty-eight classes, shared in the joy of re-union. After a well-arranged programme of toasts, interspersed by musical numbers had been enjoyed the guest speaker, Miss Florence H. M. Emory of the School of Nursing of the University of Toronto was introduced. Miss Emory in her usual happy vein congratulated the Alumnae on the success of their re-union, and upon the evident progress of the School, and particularly stressed the feeling of good-will which prevailed.

Thursday was reserved for class re-unions and the classes were entertained in various ways. On Friday afternoon the graduation exercises were held and fifteen nurses received their diplomas. The graduating class was preceded in the procession by the undergraduates, the supervisors and heads of departments and the Alumnae members. Professor Geo. Gilmour, of McMaster University, in a rare combination of wit and wisdom gave the address to the graduating class. Among other distinguished visitors was Mrs. Alexander Bruce, who as Miss Louise Eastwood, fifty years ago founded the School for Nurses. As Mrs. Bruce took her place on the platform the large audience rose to greet her, as one of the most newly-capped nurses presented her with a basket of fifty yellow roses with the greetings of the Board of Directors, the staff and the student nurses.

Following the dignified and impressive ceremony a reception was held indoors. Owing to a downpour of rain, this was a substitute for the garden party planned to take place on the beautiful campus of the Ontario Agricultural College. However, the rain could not dampen the gaiety or spoil the genial atmosphere of the occasion.

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On the following day a tea in honour of the graduating class and their friends was given at the Nurses' Residence. To this were invited all Alumnae, the Women's Hospital Aid, and many interested citizens. The Hospital and class rooms were open to visitors and student nurses conducted the visitors through the various departments.

Appropriate to the traditions of their profession, the graduating class accompanied by the staff and student nurses in uniform and by the Alumnae members both from Guelph and other centres, attended divine service in Chalmers Church on Sunday evening. There was a large attendance of nurses and a stirring sermon was preached by the Rev. W. J. Gallagher. Beautiful music was sung and the Sacrament of the Lord's Supper was administered. Dr. Gallagher said that in the development of nursing three factors have left their influence: religion, war and science. Of these the speaker believed the influence of religion has been basic and most constant.

OBITUARY

BLACK—After a lengthy illness, the death occurred in Victoria, B. C., of Charlotte Black, a graduate of the School of Nursing of the Vancouver General Hospital and a member of the Class of 1915.

FISHER—On July 28, 1938, as the result of a motor accident, the death occurred of Viola M. Fisher, a graduate of the School of Nursing of the Saskatoon City Hospital and a member of the Class of 1933. Miss Fisher, who was known to her many friends as "Jean", was buried at Dundurn and, as a token of their affection for her, forty graduates of the School attended in uniform. Previous to her untimely death, Miss Fisher was on temporary duty at the Wilkie Union Hospital.

MUIR—The death occurred in New York City, on July 18, 1938, of Margaret L. Muir, Reg. N., daughter of Mr. and Mrs. W. H. Muir of Woodstock, Ontario. Miss Muir was a graduate (1935) of the School of Nursing of the Guelph General Hospital. She had been on the operating room staff of the Doctors' Hospital, New York City, for the past year.

PHILLIPS—The death occurred on July 30, 1938, after a long illness, of E. Helen Phillips, a graduate of the School of Nursing of St. Joseph's Hospital, Victoria, B. C., and a member of the Class of 1936.

WILLIS.—In the passing of Margaret Janet Willis the nurses of Nova Scotia have suffered a severe loss. Miss Willis was drowned while bathing off the Pictou shore on Sunday, July 24, 1938. She was a graduate of the School of Nursing of the Montreal General Hospital and was for several years a member of the staff. She resigned to accept a position in the United States, later returning to Canada, and for a time was superintendent of the Shriners Hospital for Crippled Children in Montreal. Then followed a public health course at the University of Toronto. Coming to Dartmouth, Nova Scotia, she served two years with the staff of the Victorian Order of Nurses and then returned to the University of Toronto where she took the course in teaching in schools of nursing. In 1937 she came back to Nova Scotia as instructor of nurses at the Aberdeen Hospital, New Glasgow. Miss Willis was one of the Nova Scotia delegates to the Biennial Meeting of the Canadian Nurses Association, representing the Antigonish-Guysboro branch of the Registered Nurses Association. She helped with the arrangements, and sang with the Student Choral group of the Aberdeen Hospital which gave such pleasure to the nurses who made the tour of Halifax Harbour on the *Lady Laurier*. To quote her own words: "I wanted to help support the younger voices".

NEWS NOTES

BRITISH COLUMBIA

VANCOUVER:

Miss Dorothy Tate, formerly of the staff of the Saanich Health Centre, and Miss M. Dobbin, formerly school nurses in Trail, have been appointed to the staff of the Metropolitan Health Committee in Vancouver.

Married: On June 18, 1938, Miss Ellen Isabelle Dudgeon (Vancouver General Hospital, 1930) to Mr. William C. R. Hood.

Married: Recently, Miss Genevieve H. Norris (Royal Jubilee Hospital, Victoria) to Dr. F. R. Sparks.

Married: On August 1, 1938, Miss Sarah G. Acheson (Kingston General Hospital) to Mr. Harold R. Goldfinch.

Married: On July 7, 1938, Miss Dorothy May Flett (Vancouver General Hospital, 1935) to Mr. Laughlin A. Matheson.

Married: On June 30, 1938, Miss Helen G. Molyneux (St. Paul's Hospital, Saskatoon) to Mr. Francis G. Howard.

Married: On July 26, 1938, Miss Elizabeth D. Henry (Queen Victoria Hospital, Revelstoke) to Mr. Donald J. Campbell.

NOVA SCOTIA

HALIFAX:

The hospital and school of nursing of the Children's Hospital has sustained a heavy loss in the death of its beloved superintendent, Victoria I. Winslow. The affection and respect in which she was held found expression in the beautiful and dignified service held at All Saints Cathedral and conducted by the Rev. A. Stanley Walker assisted by the Hospital Chaplain, Mr. Ambrose. The note struck was that of victory and peace. The Board of Directors, the medical staff, the nursing staff and the domestic staff were all represented. A single rose, from her own garden, was placed between her folded hands by one of Miss Winslow's own student nurses in token of their gratitude and love.

HALIFAX:

Miss Katherine Jamer, instructress at the School of Nursing of the Victoria General Hospital, has resigned her position and has left for Fredericton, N.B. where she will attend summer school. In the Fall she plans to enroll at the University of New Brunswick.

Miss Marjorie Jenkins has been recently appointed superintendent of the Children's Hospital, Halifax. Miss Jenkins comes to us from Montreal, where for the past two and a half years she has been superintendent of nurses at the Children's Memorial Hospital.

Miss Muriel Davis is leaving for Montreal to take a post-graduate course.

Miss Elizabeth O. R. Brown, director of the Junior Red Cross in Nova Scotia, has left for a visit to Red Cross offices across the Dominion and in Chicago and Seattle. She will visit relatives in British Columbia en route.

ONTARIO

DISTRICTS 2 AND 3

GUELPH:

Recent appointments have been made as follows: Miss Evelyn Frosch (Guelph General Hospital, 1933), Miss Rose Shaw (Guelph General Hospital, 1936), and Miss Kathleen Laird (Guelph General Hospital, 1938) all to the nursing staff of the Sanatorium at Weston; Miss Alice Dryden (Guelph General Hospital, 1938), Miss Lula Miller (Guelph General Hospital, 1938) and Miss Helen Cunningham (Guelph General Hospital, 1937), all to the nursing staff of the Freeport Sanatorium, Miss Isabelle Ray (Guelph General Hospital, 1937) to the operating room staff at Harper Hospital, Detroit.

DISTRICT 4

HAMILTON:

Miss Ethel Christopher (St. Joseph's Hospital) has been appointed supervisor of the Children's Convalescent Hospital, Farmington, Mich.

Married: Recently Miss Euphemia M. Al-

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lison (St. Joseph's Hospital) to Mr. Maxwell Guttin.

District 9

SUDBURY:

The annual meeting of District 9, Registered Nurses Association of Ontario will be held in Sudbury on September 24. Will the nurses in District 9 please keep this in mind and be with us.

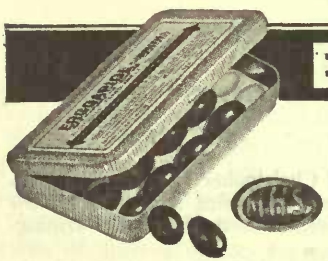
Several nurses from District 9 attended the Biennial Meeting of the Canadian Nurses Association in Halifax. They very much enjoyed the meetings and the social events. Among those attending were Florence Farr and Lewella Wing of Timmins, H. Elizabeth Smith and Elsie Franks of New Liskeard.

QUEBEC

SHERBROOKE:

Miss Verna K. Beane, superintendent of the Sherbrooke Hospital, entertained at the Nurses Home at an informal tea in honour of Miss Edith McDowell, former instructress of nurses. The guests included the hospital supervisors and Miss McDowell's former pupils.

Married: Recently, Miss Jean Murray to Mr. Gerald Burt.



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COUNCILLORS AND OTHER MEMBERS OF EXECUTIVE COMMITTEE

Numerals preceding names indicate office held, viz: (1) *President, Provincial Nurses Association;* (2) *Chairman, Nursing Education Section;* (3) *Chairman, Public Health Section;* (4) *Chairman, Private Duty Section.*

Alberta: (1) Miss Kate S. Brighty, Administration Building, Edmonton; (2) Miss H. S. Peters, University Hospital, Edmonton; (3) Miss R. Chittick, Normal School, Calgary; (4) Mrs. M. Tobin, 385-4th Street, Medicine Hat.

British Columbia: (1) Miss G. M. Fairley, General Hospital, Vancouver; (2) Miss A. Cavers, Vancouver General Hospital; (3) Miss M. Kerr, Eburne; (4) Miss M. Teulon, 4237 Granville St., Vancouver.

Manitoba: (1) Miss Edith McDowell, Nurses Residence, General Hospital, Winnipeg; (2) Miss F. Roach, St. Boniface Hospital, St. Boniface; (3) Miss A. McKee, 604 Medical Arts Building, Winnipeg; (4) Miss T. Greville, 797 Broadway, Winnipeg.

New Brunswick: (1) Mrs. G. E. Van Dorsser, Health Centre, Saint John; (2) Sister Corinne Kerr, Hôtel Dieu Hospital, Campbellton; (3) Miss A. Burns, Health Centre, Saint John; (4) Miss Kathleen Lawson, 84 Wright St., Saint John.

Nova Scotia: (1) Mrs. Hope Mack, Nova Scotia Sanitorium, Kentville; (2) Miss K. Jamer, Victoria General Hospital, Halifax; (3) Miss A. Slattery, Windsor; (4) Miss Irene Smith, 74 South Park Street, Halifax.

Ontario: (1) Miss C. I. Brewster, General Hospital, Hamilton; (2) Miss R. M. Beamish, General and Marine Hospital, Owen Sound; (3) Miss M. Hoy, 27 Giles Blvd., Windsor; (4) Miss Madalene Baker, 249 Victoria St., London.

Prince Edward Island: (1) Sr. Stanislaus, Charlottetown Hospital, Charlottetown; (2) Miss Anna Mair, P. E. I. Hospital, Charlottetown; (3) Miss Ina Gillan., 227 Kent St., Charlottetown; (4) Mrs. Lois MacDonald, 45 Upper Prince Street, Charlottetown.

Quebec: (1) Miss M. L. Moag, 1246 Bishop Street, Montreal; (2) Miss M. Batson, The Montreal General Hospital, Montreal; (3) Miss A. Peverley, 2090 Claremont Ave., Apt. 46, Montreal; (4) To be appointed.

Saskatchewan: (1) Miss Ann Morton, Weyburn; (2) Miss M. Ingham, Moose Jaw General Hospital, Moose Jaw; (3) Miss D. Hopkins, Box 568, Estevan; (4) Miss Helen Jolly, 1301-15th Ave., Regina.

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Nursing Education: Miss A. J. Macleod, University Hospital, Edmonton. Public Health: Miss M. E. Kerr, Eburne, B.C. Private Duty: Miss M. Teulon, 4237 Granville Street, Vancouver

Executive Secretary: Miss Jean S. Wilson, National Office, 1411 Crescent St., Montreal, P.Q.

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Councillors: **Alberta:** Miss H. S. Peters, University Hospital, Edmonton. **British Columbia:** Miss A. Cavers, Vancouver General Hospital. **Manitoba.** Miss F. Roach, St. Boniface Hospital, St. Boniface. **New Brunswick:** Sister Corinne Kerr, Hôtel Dieu Hospital, Campbellton, **Nova Scotia:** Miss K. Jamer, Victoria General Hospital, Halifax. **Ontario:** Miss R. M. Beamish, General and Marine Hospital, Owen Sound. **Prince Edward Island:** Miss Anna Mair, P. E. I. Hospital, Charlottetown. **Quebec:** Miss M. Batson, The Montreal General Hospital, Montreal. **Saskatchewan:** Miss M. Ingham, Moose Jaw General Hospital, Moose Jaw.

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Councillors: **Alberta:** Mrs. M. Tobin, 385-4th St., Medicine Hat. **British Columbia:** Miss M. Teulon, 4237 Granville St., Vancouver. **Manitoba:** Miss T. Greville, 797 Broadway Ave., Winnipeg. **New Brunswick:** Miss K. Lawson, 84 Wright St., Saint John. **Nova Scotia:** Miss Irene Smith, 74 South Park Street, Halifax. **Ontario:** Miss Madalene Baker, 249 Victoria St., London. **Prince Edward Island:** Mrs. Lois MacDonald, 45 Upper Prince Street, Charlottetown. **Quebec:** To be appointed. **Saskatchewan:** Miss Helen Jolly, 1301 15th Ave., Regina.

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Councillors: **Alberta:** Miss R. Chittick, Normal School, Calgary. **British Columbia:** Miss M. Kerr, Eburne. **Manitoba:** Miss A. McKee, 604 Medical Arts Bldg., Winnipeg. **New Brunswick:** Miss A. Burns, Health Centre, Saint John. **Nova Scotia:** Miss A. Slattery, Windsor, Ontario: Miss M. Hoy, 27 Giles Blvd., Windsor. **Prince Edward Island:** Miss Ina Gillan, 277 Kent St., Charlottetown. **Quebec:** Miss A. Peverley, 2090 Claremont Ave., Apt. 46, Montreal. **Saskatchewan:** Miss D. Hopkins, Box 568, Estevan.

Provincial Associations of Registered Nurses

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Alberta Association of Registered Nurses

President, Miss Kate S. Brighty, Administration Building, Edmonton; First Vice-President, Miss Rae Chittick; Second Vice-President, Miss Margaret S. Fraser; Secretary-Treasurer and Registrar, Mrs. A. E. Vango, 11109-83 Ave., Edmonton; *Councillors*: Miss Agnes Macleod, Edmonton; Sister Mansfield, Calgary; Mrs. Mary Tobin, Medicine Hat; *Chairmen of Sections*: *Nursing Education*, Miss Helen S. Peters, University Hospital, Edmonton; *Private Duty*, Mrs. Mary Tobin, 385-4 St., Medicine Hat; *Public Health*, Miss Rae Chittick, Normal School, Calgary.

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MANITOBA

Manitoba Association of Registered Nurses

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New Brunswick Association of Registered Nurses

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ONTARIO

Registered Nurses Association of Ontario

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Chairman, Miss Vera Belluz, St. Joseph's Hospital, Port Arthur; First Vice-Chairman, Miss May Kirkpatrick; Secretary-treasurer, Miss Jessie Brown, McKellar Hospital, Fort William; *Councillors*: Rev. Sister Mélanie, Misses F. Hamm, Isobel McLellan; Maureen Gillick, Gladys Young, Fay Gleeson.

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Prince Edward Island Registered Nurses Association

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QUEBEC

Association of Registered Nurses of the Province of Quebec (Incorporated, 1920)

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Saskatchewan Registered Nurses Association (Incorporated, 1917)

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Associations of Graduate Nurses

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Brandon Graduate Nurses Association

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ONTARIO

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QUEBEC

Montreal Graduate Nurses Association

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ONTARIO

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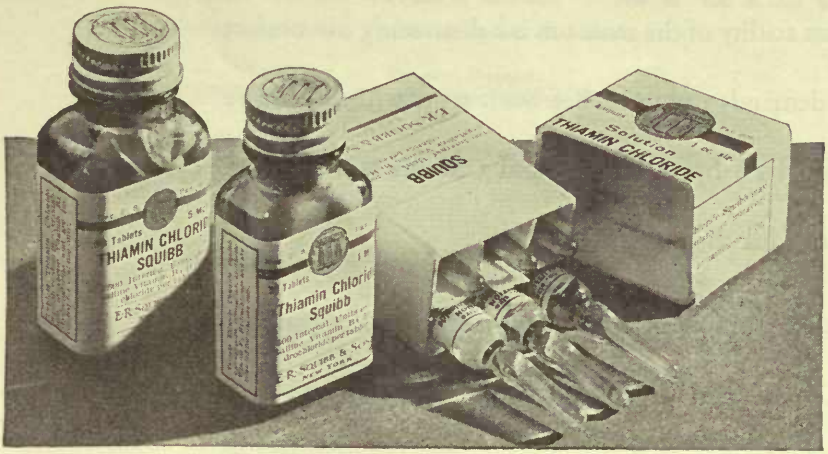

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CHAPTER II

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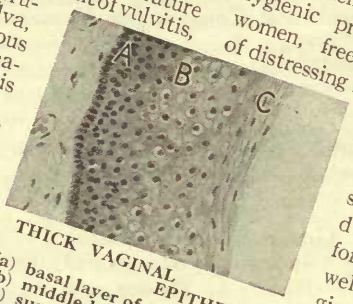
Little wonder that the literature reports the development of vulvitis, of eczema or pruritis of the vulva, of intertrigonous or contact dermatitis from this source.

In contrast, the thick stratified squamous epithelium of the fibromuscular vaginal canal — free from gland openings of any kind, yet protectingly moistened by its own transudate and by uterine secretion — exhibits amazingly low susceptibility. Despite the trauma to which it is normally subjected from coitus, childbirth or instrumentation, vaginitis is rare.

Tampax menstrual tampons, absorbing the flow at the cervix uteri, and retaining it moist in gentle, frictionless contact with this epithelium, thus provide truly hygienic protection for normal women, free from the prospect of distressing irritation.



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Courses are available to meet the needs of individual students who wish to qualify in the various nursing fields of teaching, administration and public health. The number of lecture subjects which any student shall carry shall be a minimum of four and a maximum of six.

Applicants must hold a matriculation standing recognised as entrance to a Canadian university. They must be graduates of approved schools of nursing and be registered in the Province in which they reside. They must have had at least two years of professional experience following graduation and have participated in some phase of nurses' organisation work. The age limit is forty-one (41) years.

Application blanks and calendars giving full information concerning the courses may be had on request from The Executive Secretary, Canadian Nurses Association, 1411 Crescent Street, Montreal, Que., to whom completed applications should be returned not later than January 15, 1939, together with the necessary forms and credentials.

The decision of the Scholarship Award Committee in the selection of the successful candidate will be announced in *The Canadian Nurse*.

Outline of International Courses for Nurses

Group A.

(1) Public Health Nursing; (2) Family Case Work; (3) Principles of Hospital and Training School Administration.

Group B.

(1) Personal Hygiene and Preventive Medicine; (2) Social Conditions and Social Administration; (3) General Psychology; (4) Applied Psychology; (5) Ethical Principals and Practical Problems; (6) Physiology.

Group C.

(1) A Comparative Study of Modern Industrial Problems; (2) Principles of Education and Methods of Teaching; (3) History of Nursing; (4) Eugenics; (5) Tuberculosis; (6) Nutrition; (7) Public Health Administration; (8) Maternity and Child Welfare; (9) Psychiatry.

Every student will be required to take at least four courses; of these one, and one only, must be selected from Group A, and one at least from Group B. Unless special permission is given students will not be allowed to undertake more than six courses.

The selection of subjects shall be made in consultation with the Director of Studies. The final decision shall rest with the Organisation Committee of Bedford College for Women.

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The
CANADIAN NURSE

A MONTHLY JOURNAL FOR THE NURSES OF CANADA
PUBLISHED BY THE CANADIAN NURSES ASSOCIATION

VOLUME THIRTY-FOUR NUMBER TEN

OCTOBER, 1938

Taking Command

In this issue of the *Journal* you will find an "open letter" written by Grace Mitchell Fairley, recently elected by acclamation to be President of the Canadian Nurses Association. In that letter Miss Fairley sends her greetings to the nurses of Canada and refers briefly to the many implications of the new task to which she brings so many of the necessary qualifications.

And now what of the woman whom Canadian nurses have chosen to guide the destinies of their national Association? What like is she — as they would say in her native Scotland? She has dark hair and bright eyes, a quick and friendly smile, a pleasant voice with a delightful accent which betrays her Scottish origin. She likes people and seeks to understand them and is therefore easy to approach. This, and a delightful sense of humour, are the secrets of her charm.

So much for the personal side — now for the professional. Miss Fairley is a graduate of the School of Nursing of the Swansea General Hospital, and after experience as a Ward Sister, became the Assistant Matron of the Glasgow City Hospital. Leaving Scotland for Canada, she was appointed lady superintendent of the Alexandra Hospital, Montreal, and afterwards served successively as superintendent of nurses at the Hamilton City Hospital, and the Victoria Hospital, London, Ontario.

In 1929 Miss Fairley accepted the position she now occupies with such conspicuous success, as director of nursing and principal of the School of Nursing in the Vancouver General Hospital. Under her direction an excellent teaching department has been organized and she has gathered about her an enthusiastic and well prepared staff. Several of the young women whom she has helped to develop, now occupy key positions in other institutions.

Miss Fairley has always displayed keen interest in nursing organizations. She was president of the Nursing Education Section of the C.N.A. for four years and is still the president of the

Registered Nurses Association of British Columbia. She has recognized the importance of keeping in friendly touch with hospital associations. For two years she served as a vice-president of the American Hospital Association and now takes an active part in the work of the British Columbia Hospitals Association.

Strongly British in her sympathies, Miss Fairley is a member of the College of Nursing and of the British College of Nurses. She has done excellent work on behalf of the Florence Nightingale International Foundation and is actively interested in international nursing affairs.

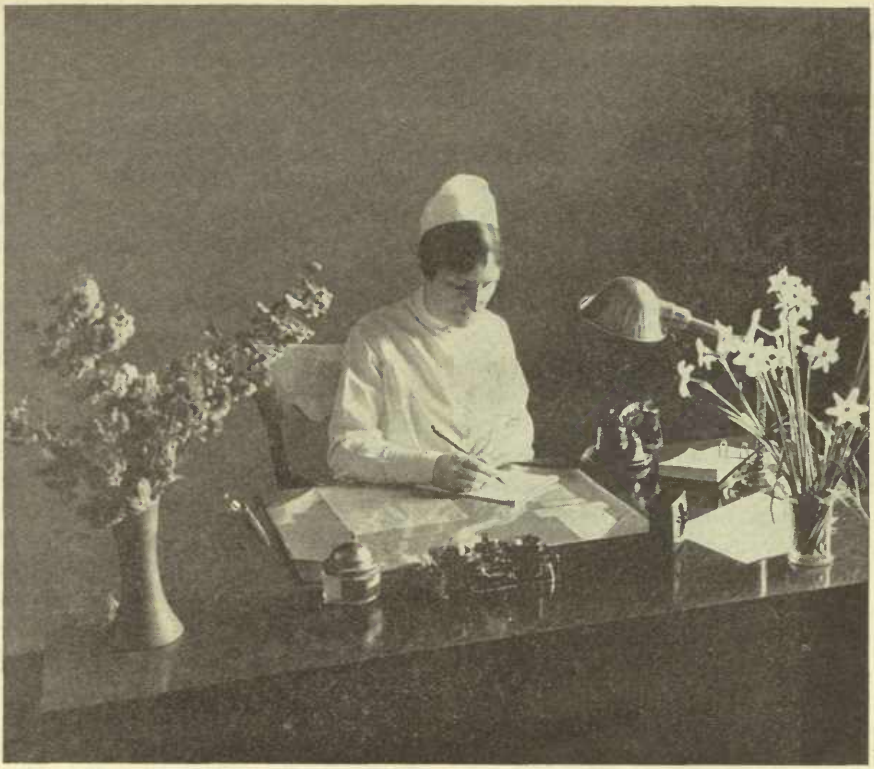
Possibly one of the most outstanding qualifications for national leadership which Miss Fairley possesses is the fact that she has held administrative positions in three of the widely separated provinces of the Dominion. She knows, by actual experience of them, the problems peculiar to the province of Quebec — knowledge which will be most useful to her as our national president. She has lived and worked in Ontario, and for the past ten years has been learning the way of thinking which is characteristic of British Columbia.

A preparation such as this is invaluable for a woman upon whose shoulders is placed the heavy burden of national leadership — but as Miss Fairley herself says in her "open letter", there are many cross currents in the stream of our national life the influence of which inevitably makes itself felt in our professional organizations. It would be folly to ignore their presence even were it possible to do so. The part of wisdom is to recognize their potentialities as a driving force and by careful steering, to utilize them for the advancement of nursing in Canada.

It has been said by a friendly critic that Canadian nurses flatter themselves that in them may be found a combination of the best features of British, French and American nursing. While we should not be smug about it, perhaps we are justified in claiming that there is an element of truth in this gentle sarcasm. It would be strange if there were not — certainly we have been exposed to the influences of all three nationalities and should have profited thereby. However that may be, it cannot be denied that the Canadian Nurses Association has come to occupy an honoured place in the International Council of Nurses. The influence of our thinking, the weight of our opinion becomes more apparent with every year that passes. This highly desirable situation has come about because for many years the Canadian Nurses Association has been extremely fortunate in its choice of leaders.

One word more — sound leadership implies loyal and unwavering support — and here we touch upon the unselfish and often tedious work consistently carried on by the various committees of the Canadian Nurses Association. Turn again to the September number of this *Journal* and note how wide is their scope and how great their accomplishment. Able leadership, yes, but also a rank and file which carries on without much hope of recognition, and simply for the good of the cause. The work of these committees in every Province of the Dominion constitutes, in the aggregate, a large measure of the achievement of the Association as a whole. If you take an active part in the work of national, provincial, or local committees you are indispensable because it is to you that our leaders must look if the future of the Canadian Nurses Association is to be worthy of its honourable past.

The new President begins her task. She may count upon every one of us to help her!



An Open Letter

GRACE M. FAIRLEY
President, The Canadian Nurses Association

In conveying the greetings of the new executive to the members of the Canadian Nurses Association, I do so with considerable pleasure, if with some misgiving—misgiving that, in an open letter, I may fail to voice the sincerity of purpose of the individual officers whom you have appointed to guide the affairs of our National Association during the next two years.

Of necessity, such a change in executive personnel must bring certain changes in régime, but these will not be fundamental. Those of you who heard Miss Simpson review in her presidential address, our "Thirty Years of Growth" will realize that in these thirty years—a generation in the scheme of things—a wonderful foundation has been laid for future development and therefore, with the support of the nine provincial Associations, we take courage.

One wishes that the enthusiasm felt at such a Biennial Meeting as the one just concluded at Halifax, could be carried to each member. Thus would our association become truly alive. Those who were present, both provincial delegates and members, expressed very definite views and accepted responsibility by passing certain resolutions which were published in the September number of

the *Journal*. These resolutions will affect both policy and progress during the next two years, in which all provincial Associations must share.

Well might we review the work of the presidents and committee chairmen of the past thirty years and give more than a passing thought to some of the problems likely to arise in the next few years, and well might we hope for inspiration and courage in trying to solve them. Each member of the Canadian Nurses Association has a trusteeship in the Association and only through a knowledge of its objects, its functions and its obligations can we, as trustees, feel assured of the continued soundness of its policies and its success in the future.

It was made clear at the 1938 Biennial Meeting that such vital matters as the hours of duty and the working conditions of students and graduates must be the responsibility of the Canadian Nurses Association. This means the considered opinion and concerted action of all provincial Associations and, in the final analysis, the opinion of every registered nurse. In an address recently given by our international President, Miss Effie Taylor, she said, "You and I are the 'nurses' to which we are wont to refer, and it is we who must share the joys, shoulder the burdens, and assume the responsibilities which are thrust upon ourselves and our professional colleagues". This is as true of the individual members of the Canadian Nurses Association as of the group to which Miss Taylor was addressing herself.

The Canadian Nurse, our official organ, was much in the limelight, both in the sessions and by means of the excellent exhibit for which we are indebted to the Registered Nurses Association of Ontario. Great emphasis was put upon the fact that to no other magazine could we look for the interpretation of Canadian nursing and professional thought and progress. To you, the members, we look for that support which alone can make our *Journal* a real professional success. It is yours, it is ours!

One cannot read contemporary journals these days, whether hospital administration, public health, or nursing, without realizing that the problems assailing us are absurdly similar to those affecting similar groups in this and other countries. In these days of economic anxiety and suspense which are forcing social, labour and financial legislation on the institutions and organizations with which we as nurses are most closely in touch, we must enlist the interest and support of our younger members in preparing themselves for professional responsibilities. At no time in the world's history has it been more important for those of us who play a part in the programme of life and health conservation to retain our mental and physical poise. If there is anything that we can hand on through our national Association (whose object is service) that will help in the promotion of stability of thought and action, whether affecting our Provinces or our Dominion, it is our duty to do so.

May I remind you that we cannot divorce our Provincial Registered Nurses Associations from the Canadian Nurses Association. The Canadian Nurses Association is a federation of the nine provincial Associations, and therefore we must not think in terms of East or West, but rather of what will help to develop nursing throughout Canada, whether rural or urban, so that we may meet the rapidly changing community needs of our Dominion.

New Officers of the C.N.A.

At the General Meeting of the Canadian Nurses Association several outstanding nurses were elected as the officers for the coming biennial period. The first vice-president is Elizabeth L. Smellie, C.B.E., R.R.C., Chief Superintendent of the Victorian Order of Nurses for Canada who, when she received the award of the Snively medal at the Halifax Meeting, was spoken of as our very competent though unofficial ambassador to other professions and to the public at large. The contacts which she makes while travelling about the country in her official capacity are invariably beneficial, not only to the Victorian Order of Nurses but also to the nursing profession at large. An excellent sketch of Miss Smellie's career, written by Miss Jean I. Gunn, appeared in the June issue of the *Journal*. This constitutes a record of an accomplishment so remarkable that it more than justifies the choice the Association has made.

Elizabeth L. Smellie

The office of second vice-president was offered, by acclamation, to Marion Lindeburgh. One of the most important tasks ever carried out under the auspices of the Canadian Nurses Association was the preparation of the Proposed Curriculum for Schools of Nursing in Canada. Only those who watched this project at close range can appreciate the enormous amount of work which it entailed. To this project Miss Lindeburgh has devoted her energies over a period of several years and even though the *Curriculum* is now published and in active use all over Canada she still strives to broaden and increase its usefulness.

Miss Lindeburgh is the director of the McGill University School of Nursing and has been an inspiration to the students who have come within the sphere of her influence. The prestige of the School and the scope of its activities are increasing from year to year and its success is due in a very large measure to the fine qualities of its director. When free from professional responsibilities, Miss Lindeburgh enjoys a fast game of badminton or climbing a peak in the Rockies. Her reputation as a hostess is well deserved and she is, incidentally, an expert cook.

The office of honourary secretary of our national Association is far from being a sinecure and Miss Kathleen I. Sanderson brings to it a wealth of secretarial experience. Miss Sanderson was born and educated in the Maritimes, took her professional training at the School of Nursing of the Royal Victoria Hospital, Montreal, and subsequently a post-graduate course in public health nursing at

Marion Lindeburgh

the McGill University School of Nursing. After holding various staff positions in her own School, Miss Sanderson became assistant director of nursing in the Vancouver General Hospital. Later she returned to the field of public health and served successively as field worker for the Canadian National Institute for the Blind and for six years as executive secretary of the Greater Vancouver Health League. Miss Sanderson has many interests outside the professional field, her special favourite being the study of the French language. She likes dogs, and is an expert in pottery.

The Canadian Nurses Association has been happy in its choice of an Honourary Treasurer. Miss Alena J. MacMaster enjoys the enviable reputation of being an extremely able hospital administrator, a career which requires a firm grasp of business principles as well as expert knowledge of hospitals and their peculiar problems. Miss MacMaster has built up the Moncton General Hospital to a high degree of efficiency and enjoys the respect and admiration of her colleagues in the hospital field. She also displays keen interest in nursing service and is well acquainted with the problems of the training school. The making of budgets and the wise administration of the funds of the Association could not be under better guidance than hers.

This year the Canadian Nurses Association took the wise step of appointing the immediate Past President of the Association as a member of the Executive Committee. Those who are familiar with nursing organizations whose membership is scattered over a wide area, will realize the advantage of making the counsel and assistance of the retiring president available to the incoming executive. No one is better informed concerning the Association and its problems than Miss Ruby M. Simpson, and she will thus be able to render most valuable service, not only to her successor but to the Association at large.

Our National Association begins its next biennial period with the assurance of capable leadership. Though there are difficult problems awaiting solution and many responsible tasks to be undertaken, we need have no anxiety. The affairs of the Canadian Nurses Association are in safe hands.

The Other Side of Records

FRANCES KING

Supervisor, Local Health Records, Department of Health, State of New York

No matter how easy we may make the methods, writing up family histories will always be a burden. The nurse puts in a full day of visits and comes back to the office feeling that she has done a good day's work. Then she has to sit down and go over it all again. Making notes in the home helps her to some degree, but there is still much that has to be done in the office. Modern inventions have simplified the process considerably, but there is still a great deal that has to be done in longhand. Fountain pens and the type of paper we use may have speeded up that method somewhat, but our actual writing is probably not so very much more rapid than that of our ancestors.

If we go back far enough, we can find evidence that we have gained speed. Probably it took the scribes at the temples in Epidaurus, several hundred years before Christ, as long to write their simple "clinical records" as it does one of you to write up a complete nursing visit. These inscriptions at Epidaurus are the earliest patient records known. We do not know whether or not the physicians or priests wrote their orders, but upon the columns were inscribed the names of the patients, brief histories of the cases, and comments as to whether or not they were cured. A little later, Hippocrates wrote true and detailed clinical records and wrote them well. But Hippocrates was not hampered by having to fit his records into a pattern formed by what had gone before. He recorded what he thought was necessary — what his own sense and intelligence dictated. There are two good reasons why we cannot make records in the same way. One is that few of us have the intelligence or foresight to record items which are not pertinent or important to the present aspect of the case but which may be invaluable later. The other reason is that we must have a certain amount of data upon which to base comparisons.

Upon records, two distinct plans must be based. The nurse must use the history of the individual to plan her work for that person in the future, and the administrator must be able to utilize a group of nurses' records to make plans for the work as a whole. Standards of comparison are built up from individual cases. The gain in weight of one baby would mean nothing at all if it could not be compared with the normal gain, as determined by the records of many workers. In other words, many workers must gather uniform data from many cases in order to establish a basis of comparison. It is necessary to choose the important facts, for we do not have time to list everything. That is a danger we must watch against. We are prone to list items that are of negligible value for fear of missing something which conceivably might be of use. It is quite possible for clear thinking to be swamped by a multiplicity of non-essential items. An attempt should be made to distinguish significant facts, and a little thinking should precede the writing. The headings printed on the history forms cannot be ignored, for these items are there because the records compiled by our predecessors have proved that they are worth writing down.

One mistake that is frequently made in drafting record forms is an attempt

to cover too much ground. The fewer items that it is necessary to record, the more complete and accurate the record will be in the end. In many places today specific headings are largely omitted from the history forms. Instead of providing places where the items may be coded or checked, the nurses are requested to write narrative histories and are given as a guide a list of things for which to watch. This method permits much more flexibility and through it the changing problem is more likely to become apparent. On the other hand, it requires a great deal of supervision and training and demands a nurse who is intelligent enough to detect the important aspects of each and every case.

I believe that the ideal record would be half way between the narrative and the coded forms. There are certain items which are almost universal in certain types of cases. For example, the supervision of an antepartum partient demands that certain items be checked upon visit after visit. I can see no reason why the nurse should have to spend time making narrative notes for these points, when check marks or a code would serve the same purpose.

Several types of codes are used. One which is in common use is G., F. and P. for good, fair and poor. Another employs X's, X indicating satisfactory, XX moderately satisfactory, and XXX unsatisfactory. The simplest code of all, however, seems to be using numbers as well as symbols:

0: condition normal.
1: slightly unsatisfactory condition.
2: moderately unsatisfactory condition.
3: markedly unsatisfactory condition.
-: item not applicable or no information available.
x: needs medical attention.
00: condition corrected.

When this code is used, a multiplicity of "threes" calls attention to the fact that there are a number of unsatisfactory conditions on this particular history, and a succession of "threes" on the same item entered upon successive visits shows plainly that nothing has been done to remedy the defect. It is usual when codes are used to require that the entry of a symbol indicating an unsatisfactory condition be amplified by notes in the narrative portion of the history.

Abbreviations are akin to codes and, if used wisely, will save a great deal of time. Too frequently, however, abbreviations are manufactured at will and a contraction which is perfectly clear to the inventor means nothing at all to the unfortunate nurse who has to decipher her predecessor's notes. None the less, abbreviations can save so much time, both in writing and reading, that it pays to have what might be called a table of recognized and standard abbreviations, which are not only expected, but required to be used.

Where the narrative history is used alone, it is customary to require one or two things. Either the nurse must enter the important details in red, or she must periodically summarize the problem and the situation also in red. The former method seems to me clumsy. It is not easy to remember to drop a fountain pen and change to red ink in the middle of an entry. I like the latter method better. For one thing, it compels the nurse to sit down and thoughtfully review what needs to be done, what has been done, and what has not been done, in each of her families. It is a time-consuming task, but an occasional inventory of this sort crystallizes in a nurse's mind the problems with which she has to deal and makes her home visiting easier because she has had to analyze the case in order to make the summary.

Another method of summarizing which is not used extensively but which

has been found satisfactory by the organizations using it, is to have on the front of the individual history three columns headed "problems", "plan" and "progress". If this is kept up-to-date, it saves a lot of time, for the nurse can refresh her memory before making a visit without having to look over a mass of notes. More than this, the supervisor can tell at a glance whether the patient really needs supervision, whether the nurse is taking the proper steps, and whether she is doing productive work. This arrangement also makes it necessary for the nurse to think about what she is doing in that particular case and to formulate a definite plan of procedure.

Only a handful of people are born with a proper respect for records — they have to be shown, and this periodical analysis and summary is one of the best ways of teaching. It gives point to the review of a record by the supervisor and gives the young nurse a better conception of her task. Too cut and dried a formula for recording may eliminate much valuable information, and too great insistence upon the importance of recording facts only may be a disadvantage. There are times when an intelligent impression is more productive in solving a family problem than all the facts a nurse can gather in a dozen visits.

This does not mean that we should let our imaginations run away with us and clutter up the records with items which would be misleading later on. A little colour and life in a nursing history sometimes adds to its value, but too much of that sort of thing can degenerate into flippancy and inaccuracy. As a matter of fact, some of the most amusing entries encountered in nurse histories are quite unintentional. I recall an entry made by a nurse who was sent to investigate a case where a woman who was not registered as a midwife had attended a birth. The nurse's entry on the case read as follows:- "Mrs. B. stated that birth was accidental and promises that it will not happen again."

One thing it is essential to be careful about. If an inference is included in a record, it should be made plain that it is an assumption, not a fact, and some indication of the reasons for believing it should be given. It is not necessary to justify a factual entry, but it is essential to explain why a suspicion is worthy of being recorded. It is dangerous business to trust to memory and even more dangerous to include inferences that may be false or misleading. The nurse will need later on, and the nurse who takes over the case after her will need even more, evidence that is a dependable basis for constructive work.

One cannot think or plan without observation, and observations are wasted if they are not recorded. In the words of John Stuart Mill, it is necessary "to judge of evidence and act accordingly." Effective work cannot be done without an object in mind. The definition of an object is: a thing having a definite significance. Our objectives should meet that definition. Every once in a while we accomplish something which seems to have come about by accident, and history tells us of great discoveries that apparently have come about that way. But history also tells us that the person who made that accidental discovery had a background of training which prepared him for it. Records are our background. Intelligently kept and intelligently used, they eliminate haphazard, fruitless effort and provide instead a basis for planned and productive effort.

We cannot develop an effective programme unless we know what we are faced with, and can draw upon past experience. Our records not only should show results but the reasons for those

results. If we fail, isn't it helpful to know why we failed, and with a failure, doesn't it soothe our feelings to look over a record and see that all was done that could be done? Analyzing and criticizing past work is not a morbid occupation, if it is done properly. A critical attitude toward our own efforts is a very different thing from dwelling on our failures and twisting and turning them over in our minds, wondering if we should have done this instead of that.

Good records should show what methods are most effective, most economical of time and of most lasting value. The public health field is constantly widening. In the beginning it was simpler. We began with tuberculosis and well baby clinics. The care of the baby led naturally to prenatal care. There was no popular demand for this service. It had to be introduced. And if the first introduction didn't take — and usually it didn't, it had to be introduced a few times more. Now it is a different story. Let someone once broadcast the news that some disease — syphilis, cancer, pneumonia or what have you — is really a public health problem, and the popular magazines and the insurance companies pounce forth with all their bugles blowing. And Mr. and Mrs. John Public accept it — not, of course, as something that applies to them, but as something that applies to their neighbours. In fact, instead of our having to "drive" public health home, public health is now driving us.

To meet these demands, we sometimes have to work faster than we like but if our records of past work are honest and true, ideas, knowledge and experience will fall into line, ready to meet the changing conditions. The fundamental techniques for visits in general are more or less uniform, and can be adapted to the new problems without much difficulty.

Frequently the nurse enters a home for the first time because of an acute condition and, if she is observant, discovers conditions not so obvious, which in the long run require more thought and care than the acute illness. That is why it is well to start a family history for all except the most simple cases. It is not as easy to write up a family history as it is to write an individual record. It takes time and patience to get the names of the members, their ages, the socio-economic data, and the past history which may be needed later on. Sometimes all of them can be gathered on the first visit, but it is better not to force the issue if the family is upset, or not any too sure that the nurse is there to help them. Frequently the nurse has to get her information in a roundabout way, or has to visit until the family has accepted her enough to put up with the foolish questions that so far as they can see, have nothing to do with the case.

This brings up the question of making notes in the home. At the present time there are few organizations which do not insist that the nurses make their entries on the family histories during the visit. The nurses themselves seem of two minds about the advisability of this. In some cases they feel that it helps them, for it gives the family a feeling of importance to know what they say is being written down so carefully. In other families, the fact that notes are being taken embarrasses the speaker. Personally, I do not see how it is possible for a nurse to listen, ask the wise and timely question, keep her eyes and ears open for the little incidentals that are so valuable, and build up confidence, while she is trying to make an accurate record of what the mother says. There is also the difficulty encountered when some member of the family gives her information which the nurse enters and then has to change later when the pa-

tient changes his mind unexpectedly.

On the other hand, it is not easy to remember accurately without making notes the various items that are learned in the course of the visit. It might be suspected that I am dodging the issue. I am. I know taking notes in the home is one of today's most popular styles, and I am not going to commit myself by saying whether or not it is a style that will endure. For, after all, accurate data is the only kind worth recording at all, and useful data is the only kind worth bothering to get accurate. The nurse in the field is not allowed a great deal of discretion as to the items she must record about each of her families. We must have information that is comparable for groups of families, even if it means writing on a family history items that do not seem to be needed for the supervision of that particular family.

For that reason, it is very necessary that the administrator make sure that the items asked are truly useful and not just traditional. They should be checked over once in a while. Why were they put there? Have they ever been used? Should they be used? What would they show if they were tabulated? If they were tabulated, would the table tell us anything helpful? Are they helpful to the nurse who is visiting that family? Are there any of these items that it is almost impossible to get answered accurately? Why? Can their significance and value be made apparent to the nurse who has to keep the record?

Work is enriched if it leads somewhere — if it amounts to something. No nurse, no matter how tiresome she finds the making of records, will do them in a slipshod fashion, if she knows that they are stepping stones and not stumbling blocks. If we are sure that the information we require is truly useful, we should be able to show the new nurse that making accurate and dependable records is worth the doing. If we know why we are doing a thing, we can take it — and even take it and like it. Records honestly devised and honestly kept will help us:

To meet present needs
To plan for the future
To prove accomplishment
To demonstrate effective methods
To maintain a balanced and serviceable programme

EDITOR'S NOTE:

This article is the text of an address delivered during the sessions of a Refresher Course, dealing with the subject of records, given under the auspices of the School of Nursing of the University of Toronto.

STIMULATING COMMENT

It is encouraging to find that the Special Convention Number of *The Canadian Nurse* has met with distinct approval in many parts of the country. So many kind messages have been received that it would take another special edition to publish them all and we are therefore reduced to quoting just a few.

One of the most welcome came from Dr. Helen MacMurchy, the first editor of *The Canadian Nurse,* who knowing, from experience, something of our editorial trials and tribulations says "Congratulations, to you and all the contributors, on the September issue. It is a magnificent number".

Miss Jean I. Gunn has this comment to make:

I think it is a very excellent number. I am very glad that the papers, reports, etc., from the biennial meeting were all published at the same time. I feel that when they are published over an extended period that interest is lost. In addition to this, it is not nearly as good a reference when the papers are not published together.

Another interesting response comes from Mrs. Irving E. Robertson, president of the Canadian Mothercraft Society:

We are very interested in Dr. Atlee's address, as we feel that midwifery is extremely important for better maternal and child care. It is of vital importance to the future health of the citizens of Canada, and other countries of the British Empire are alive to the great value of nurses in the education of the mother. We will continue to send Mothercraft nurses outside the country for their post-graduate midwifery until such time as there is a midwifery training school in Canada working from the normal aspect.

Miss E. Frances Upton, executive-secretary and registrar of the Association of Registered Nurses of the Province of Quebec, goes (as usual) to the root of the matter when she writes:

I feel that we members of the Canadian Nurses Association should be very proud indeed of this achievement, which is a proof of what our *Journal* could be if only we had sufficient faith and courage to render to it the support it deserves.

The August and September numbers of our *Journal* contain all materials, admirably and concisely arranged, upon which the constructive thinking and planning of our work during the coming two years at least should be based, and in my humble opinion they fully justify all costs involved.

Miss Florence H. M. Emory who, as convener of the Publications Committee from 1932 to 1938, always displayed great interest in the development of the *Journal*, sends this message:

Let me add a word of praise for the September issue of the *Journal*. It is one thing to hold a convention and quite another to have such an effective medium for informing those not there of the significant proceedings. The effort to do this is worthy of heartiest congratulations.

From Montreal to Vancouver is a far cry and it takes five whole days for the *Journal* to reach the President of the Canadian Nurses Association. But, when it came, Miss Fairley's word was encouraging: "The September issue has just come in. All here feel that it is most successful, *especially those who were present at Halifax*". The italics are ours, and show that those best able to judge apparently are well satisfied.

By way of conclusion, we quote from a letter written by a young nurse who is doing some real thinking:

The August number was such a good résumé of a meeting which was a great experience for a young and *not* important nurse. It is a great pity that more of the younger women, who may be at the head of affairs some day, cannot afford either the time or money to attend. So many of them think the meetings are only of interest to the older nurses, *being so much run by them,* but until the younger nurses are better represented this seems the only course possible.

Once more the italics are ours. Yet, until the younger nurses are willing to take the buffet and cushion the shock, can they qualify for leadership? We wrote an article once in defence of "Those Old Dames", and we now feel strongly tempted to write another, but with a different title. We shall call it "Youth at the Wheel—*if you can get them to take it*"!

The Community Aspects of Poliomyelitis

GRETTA ROSS

Ontario Society for Crippled Children, Toronto

As a result of the 1937 epidemic, we have in Ontario 588 individuals with some residual paralysis. To many of these, muscle power is slowly but surely returning. Unfortunately, others will carry the resulting handicap for the rest of their days. Because of our lack of knowledge of the cause of polio we are apt to feel helpless regarding the crippling, but we must remember that while crippling due to polio may be unavoidable, deformities can be prevented by proper care and that much of the responsibility is ours, especially in the matter of health teaching in either hospital or home.

The community worker, whenever possible, should obtain for the attending surgeon in hospital a social report such as will give him a complete picture of the home situation. The type of home, the financial conditions, the degree of intelligence of the mother, her willingness to co-operate and the type of nursing care that she will probably be called upon to give, are all important factors. Is the attitude of the mother going to be one of optimism, of patient kindly understanding toward the patient who will sooner or later come to the realization that his disability is going to be one of months, or possibly years? We must be alert, not only to the patient's reactions, but to those of the parents and be as willing to give leadership by aiding them to reach a proper frame of mind as we are to assist them in adjusting themselves to the discouraging slowness of recovery.

Instructions to the mother in bedside care are often a bit difficult especially in rural areas and the community worker must plan to accomplish much on her infrequent trips. She must familiarize herself with hospital routine, and with the working of the new appliances and splints which may go home with the patient. She must help the parents to improvise with what little they may have. The child needs physiotherapy, but lives far from a hospital centre or from the areas in which the Red Cross physiotherapy service is available. He must have massage daily and yet frequent visits of any health worker are out of the question. Then the mother must do her best. True, the nurse is no physiotherapist, but she does know the things which training and ordinary common sense can help her to pass along.

Is it just as necessary to know how to remove a splint as it is to know how to lift a paralyzed limb when the splint is being removed, and to support it when the splint is off, as well as how to bathe a post-polio patient without damage to the affected parts. There are probably many of us who have never nursed a polio patient but have we not all nursed paralyzed patients? We know the dangers of contracture of the knees or hips and that we must protect the patient from drop foot caused by the weight of bed clothes. We know that early massage must not be carried to the point of pain or exercise to the point of fatigue. We must be able to explain the reasons for the use of frames, splints and sand bags and must keep in close touch with the private physician or clinic under whose supervision the patient may be.

Those of us who have done post-folio follow-up work in previous years can see problems and arguments all along the

line for the next decade. The boy with the damaged deltoid, wearing an awkward splint, returns home and, by the time the nurse gets around to him, the kindly neighbour will have explained to the mother that any limb becomes useless from disuse. The argument sounds logical and the mother removes the splint, thereby destroying perhaps forever the good results of weeks of treatment. Many of these difficulties may be overcome by getting on the job early and sticking to it. Exercises, so important during convalescence, are simple at first, but soon become a frightful bore. Day after day, and month after month the mother can see little improvement, but an interested visitor can discern it and a little encouragement will go a long way.

The mental adjustment of the child cannot be stressed too much. The boy who has been in hospital for a long period is quite an important personage. He knows all the technical terms for his condition, and the mechanism of his new splint is quite intriguing. Then he goes home and, after the first few days, his mother with her large family has little time to bother with him. If the child be discharged to a good home the results are often worse, for here he is swamped with sympathy and attention. Discipline becomes an unknown quantity, temper tantrums may appear, he may become selfish and self-assertive—a most unpopular member of the community.

A wise mother allows a normal child to develop by giving him a certain amount of freedom. He gains his independence and courage with the help of the kindly understanding of his parents. But these same parents may, in the case of a crippled child, shield him from the prying and pitying eyes of friends and acquaintances. The child, who in hospital has been utterly unselfconscious of his deformity, finding himself an object of pity often has his mental outlook entirely changed and in some cases the change is so subtle that dire results may occur. Surely we can help here. Some breadth of the outside world must be brought into the homes we visit—something in which the patient is already interested, or in which he may become interested. Occupation and diversion of a sort which will not cause undue fatigue are absolutely essential. Games, radio, reading—all are helpful—anything to stimulate an interest outside himself.

If you were to come for a few moments to Victoria Hospital, London, and if you asked me to take you to the two cheeriest patients I should lead you to the two who are still in the respirators, a girl of eighteen and a boy of eighteen, both very badly paralyzed. The screen between them on their balcony would be covered with gaily coloured greeting cards. These are enjoyed by means of head mirrors and, with the assistance of their nurse they are engaged in a game of "easy money". The girl has made three thousand today and the boy is down, but he intends to beat her tomorrow. The good-natured rivalry is helping this courageous pair to face their future unflinchingly.

Then there are older patients, one a bride of a year, almost completely paralyzed, young married women with small children, all with family responsibilities. Can one hope to keep them bright and cheery? I must tell you of one patient to show you what can be accomplished. A health farmer of thirty-seven, stricken last year and now with considerable paralysis of both legs and the right arm, lies at home on his Bradford frame, wearing three splints. You may visit that home any day and find the large farm house beautifully clean and tidy and the patient perfectly cared for by his young wife. She has been up at dawn,

done the washing, tidied the house, looked after the two-year-old child, her ten months old baby, the patient and his paralyzed aged mother. Yet she looks very pretty and attractive, and ready to enjoy the visit with the nurse. The patient you find in an optimistic mood—both delighted at the slightest sign of progress. He is doing well and his wife will not break down, firstly because she is happy and secondly because she is healthy. Obviously this man has a great deal in his favour because of the congenial home situation.

Sometimes conditions are less favourable. Recently a nurse found a man of thirty-two most depressed—paralysis of both arms and legs being the apparent reason—yet she suspected some other underlying cause. Finally the trouble was told—the engagement ring had been given shortly before the disease had made its attack and now the girl was miles away and he was paralyzed. Fortunately the fiancée lived in the nurse's district and she was able to arrange when passing that way to pick up the girl-friend, dropping her at the patient's house and calling for her later. His depression soon disappeared, he was inspired to make further effort and is now walking with the aid of a brace, has an ambulatory arm splint, and is progressing satisfactorily.

Our sympathies go to other members of the family too, for the feeling of despair which periodically attacks these patients is so understandable and yet so difficult to cope with. Home education is a great help. In larger centres, if ten children are found to require extramural education, a visiting teacher may be obtained. Then there is the education by correspondence carried on by the Provincial Board of Education. In some centres, art lessons are being arranged for those showing special ability. Reading desks, which are adjustable for bed patients, may be obtained from the Ontario Society for Crippled Children.

Many of the patients of last year's epidemic are now being allowed up and new problems present themselves. Carriages on which the patient may be placed on his frame can now be obtained and these give great pleasure to a child who has for the past eight months been looking at four walls only. Some of the parents make their own carriages, using perambulator wheels, a bit of gas pipe, automobile top material and a little bicycle enamel. One adult patient, who had benefited greatly from tank treatment during his hospitalization, was at a loss to know how he might derive the same benefit on the farm. He now lies on his frame on a bed in the front parlour, but the cattle trough has been cleaned and brought in beside him. It holds twenty gallons of water, he is lifted into it daily and has his hydrotherapy with very good results. Apparently there are no unsurmountable difficulties for those who are blessed with a bit of initiative.

Similarly, all the other needs can be met. Not one of us can say "There is no one to help in my community", for if there isn't it is our own fault, we haven't been able to find them. The child with polio has a particular appeal. When the family is unable to finance transportation, walking calipers, or extra nourishment, Service Clubs, Women's Institutes and other organizations are always eager to help. There may be people who will write letters to a lonely boy in the country, or a service club who will visit, and perhaps arrange for the aeroplane kit for which the boy has been longing. The Stamp Club, recently organized by the Ontario Society for Crippled Children, will give another interest to many.

Physical defects often bring with them a sense of inferiority and with that

a desire to compensate. An understanding effort must be made by those entrusted with the child's care to see that such compensation reaches the proper balance and that it is directed into the right channels. Chronic illness often develops ambitions, and the child attains heights which he might not otherwise have reached. Regardless of the financial status of the family, his education should be along the lines which will best fit him for the future. The type of training he receives should depend upon whether his health and mental equipment will permit him to obtain a higher educational standing as a valuable asset for earning his living or whether he must support himself by manual labour. His pride in his work as he feels he is capable of accomplishing something becomes a valuable asset and consequently we must stress the positive side rather than the negative. What he *can* do is most important.

When a child returns to school after his long illness there may be difficulties and this is where there are great opportunities for the school nurse. The kindly teacher often showers attention upon him as the mother has at home. She may ask the boys to move along to make room for "poor little Jimmie" even though he himself doesn't want any of this "poor little Jimmie" stuff. The sooner we begin to treat our crippled children like normal ones the better. Jimmie will soon show Bill Jones that he can fight just as well with his left fist as Bill can with his right. He wants to be treated just like the other fellows because he *is* an ordinary fellow, after all.

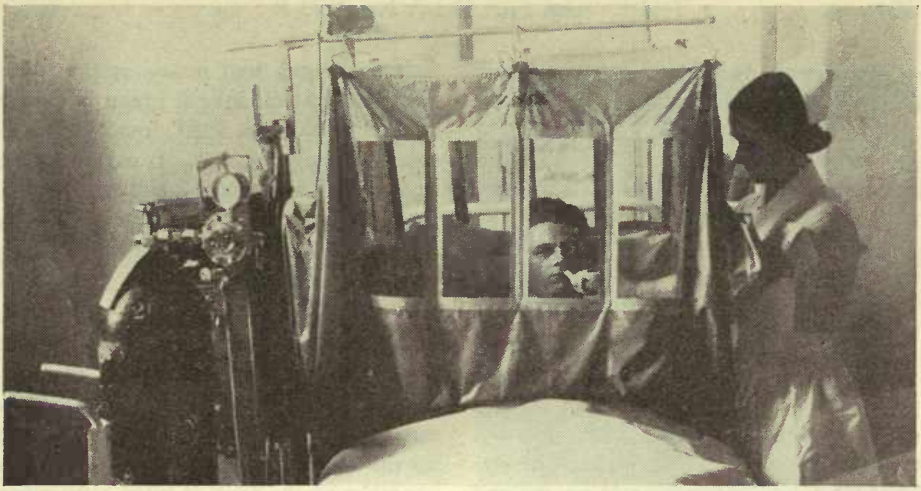
Let us do our best to make such a child self reliant and independent. We must never let him feel he has been cheated in life. In this competitive age it is sometimes a struggle even for the normal child to become self-supporting. How much more difficult is the path which the crippled child must tread. So with the aid of all available resources let us help him to take his full share in the life of the community.

Editor's Note: This article is based upon an address delivered by the author at the annual meeting of the Registered Nurses Association of Ontario at Kingston, in April, 1938.

ALBERTA ANNUAL MEETING

A combined Refresher Course and Convention, arranged by the Alberta Association of Registered Nurses, will be held October 5, 6 and 7 inclusive. The first day (Wednesday, October 5) will be spent at the Mental Hospital in Ponoka where lectures and clinics will be given by members of the medical and nursing staff. The second and third days (Thursday, October 6, and Friday, October 7) will be spent in Calgary at the Hotel Palliser. The programme will be most interesting and worthwhile to all members and it is hoped that everyone who can possibly attend will make an effort to do so.

Buses will be chartered in order to provide transportation to Ponoka from Edmonton and Calgary respectively. The business sessions will be held in Calgary.



The Heidbrink Oxygen Tent

THELMA MCKENZIE

Surgical teaching supervisor, Royal Victoria Hospital, Montreal.

Until comparatively recently the administration of oxygen used to be considered almost an emergency measure for patients who were very ill. Today we are so accustomed to using it for therapeutic purposes, as well as in emergencies, that we consider it a common nursing procedure. The patient's attitude has also changed considerably. He used to be alarmed when told that he was to receive oxygen to help him to breathe, and, when the mask, catheter, or old type of tent was applied, he doubted if he would ever breathe naturally again. Hospital patients are now accustomed to seeing oxygen tents used frequently for those who are not always seriously ill, and, when they themselves have had the tent applied, and have experienced the relief and comfort that it gives, they do not need much further persuasion.

The types of cases in which the oxygen tent is most frequently used are:

1. For pneumonia patients, to relieve dyspnoea and cyanosis. Sometimes the patients are kept in the oxygen tent continuously for three or four days, while other patients only need oxygen for short periods at a time, depending on their condition.

2. In cardiac cases, such as heart block, or cardiac failure, to relieve dyspnoea and cyanosis and allow the patient to rest.

3. In cases of oedema of the lungs.

4. Post-operatively, after thoracoplasty operation, when the patient is cyanosed and breathing is difficult. It is also used for any post-operative patient who is not receiving sufficient oxygen.

5. In cases of asphyxiation.

Oxygen tents have passed through a period of transition and improvement, as has most of our modern hospital equipment. The Heidbrink oxygen tent, described in this article, has proved very

satisfactory and displays the following advantages over the old type:

1. The tent is larger, thus giving the patient freedom to move. It also has numerous windows which permit him to see what is going on about him.

2. The patient is much more comfortable because the temperature of the air in the tent is recorded constantly and can be modified as desired.

3. The patient can be given nursing care in the tent, such as medications and feedings. The temperature, pulse and respirations may be taken by means of the sleeves that can be opened. The patient can also be given a bed pan without being removed from the tent.

Although the initial cost of this type of oxygen tent is relatively high, it is more economical to run than the old type. By regulating the correct amount, and the concentration of oxygen in the tent, no oxygen is wasted. In the old type of tent, a cylinder of oxygen would last twelve to fourteen hours, whereas in the Heidbrink tent, a cylinder will last from twenty to twenty-four hours, depending on the number of times the patient is removed from the tent. The tent comes in various attractive colours, and the psychological effect of a green or yellow tent is helpful and restful to the patient.

The Heidbrink apparatus is made up of the following parts, the respective functions of which should be clearly understood by the nurse:

Oxygen tent
Oxygen cylinder
Ice tank, ice chamber, drain, and drain pail
Motor blower
Rheostat
Thermometer
Damper
Regulator valve
Emergency valve
Flow meter
Soda lime attachment
Carbon dioxide attachment

The oxygen tent in use at the Royal Victoria Hospital is light green in colour, made of rubberized silk, readily adjustable and easily cleaned. It may be raised or lowered to suit the height of the patient, by means of a handle on the ice tank. The rubberized silk is easily washed with soap and water and a mild disinfectant.

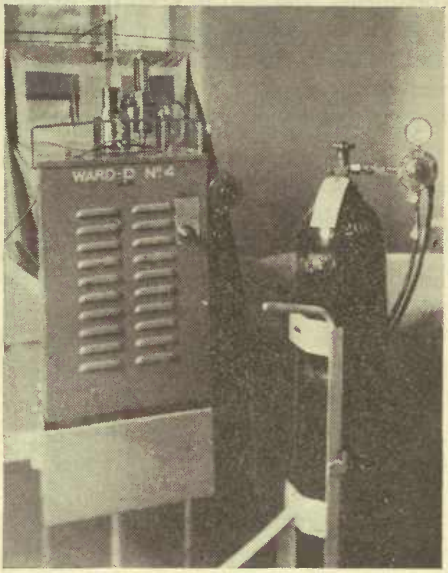
The *ice tank* is attached to the side of the tent and, in order that the oxygen may be cooled before entering the tent, it is forced through the ice tank by means of the *motor blower*. The ice chamber of the tank is filled with pieces of ice, three by six inches in size. This specific size is necessary because it affords a greater ice surface, thus causing the oxygen to be cooled more quickly. If the pieces are too small they melt too quickly and will block the drain at the bottom of the ice chamber. If properly filled, the tank will serve from eight to ten hours. The motor blower is regulated by means of rheostatic control. The *rheostat* is situated on the side of the ice chamber, and the higher the speed, the cooler the tent becomes. Usually, the patient is most comfortable at a temperature of 65° Fahr. The thermometer should not be allowed to go below 60° or above 70°. If the temperature does drop below 60°, there is a *damper* attached to the ice chamber, which can be adjusted by means of a push-rod. Pulling out the rod closes the damper, thus greatly reducing the circulation of oxygen. The motor-blower speed should be turned to low before the damper rod is pulled out to the extent necessary to raise the temperature of the air in the tent.

The concentration of oxygen is measured by taking a sample of air from a small opening at the top of the tent and analysing it by means of a special chemical analyser. There should be an average oxygen concentration of 50%, and

it should not exceed 70%. The carbon dioxide content of the tent should not exceed 1½%. The concentration of oxygen can be regulated by the amount of air going into the tent. A small valve on the oxygen cylinder allows the oxygen to flow into the tent, and the number of litres of oxygen per minute is recorded on a *flow-meter* situated on the ice tank. Four to six litres of oxygen is the usual amount of oxygen per minute required for the patient, after the tent has been filled. This depends on the number of times the sleeves have to be opened to give treatments to the patient, or whether any leakage is present around the tent. By regulating the temperature of the air, and by testing the concentration of the oxygen, we are able to give the patient much more accurate and scientific treatment than by the old method.

The purpose of the *soda lime attachment* is to remove all the carbon dioxide from the tent. The doctors do not always use this because they feel that a small percentage of carbon dioxide is sometimes beneficial to the patient. There is also a carbon dioxide attachment at the back of the ice tank for the purpose of allowing the carbon dioxide content of the tent to be increased for those patients who are suffering from carbon monoxide poisoning or asphyxiation, and therefore should be encouraged to breathe more deeply.

Before the patient is placed in the oxygen tent, the treatment should be explained to him if he is able to understand, and his fears should be allayed. A rubber draw sheet is placed under the mattress to prevent the escape of oxygen through the mattress. The patient is placed between flannelette sheets and a nightingale is placed around the shoulders. The oxygen tent is then lowered over the patient's head by means of the hood-tilting device, and the skirt of the tent is tucked under the mattress and over the rubber draw sheet at the back and sides of the bed. At the front, the skirt is placed over the flannelette draw sheet and under the top bed clothes.



Oxygen cylinder and devices for control

Two nurses should be available when a patient is placed in the oxygen tent, or removed from it in order that treatments may be done. Time is thus saved and the patient is much more easily handled. The motor blower is first attached and then the oxygen cylinder is opened, the amount of oxygen going into the tent being regulated by the regulator valve. The emergency valve, at the back of the regulating valve, is also used to fill the tent more quickly by added pressure. This valve is used for one minute only. The rheostat is regulated to adjust the circulation for the desired temperature, and the flow meter is adjusted by the oxygen valve, after the concentration of oxygen has been taken. If possible, all necessary treatments should be done while the patient is removed from the tent, so as to give him more rest between

treatments, and also to keep the oxygen tent at the desired temperature. The nurse should watch the patient's colour and respirations, and also adjust the oxygen tent when necessary.

Smoking, and the use of electrical appliances such as bakers and electric pads, should not be allowed near oxygen tents, as there is always danger of fire if a spark comes in contact with oxygen. "No Smoking" is printed on the front of the oxygen hood in red letters as a constant reminder of this danger.

Delirious patients and restless children present a nursing problem when put in oxygen tents and should be watched constantly. It is frequently noticed, however, that patients who are delirious and restless before oxygen is given, become quieter and more comfortable as the cool oxygen helps them to breath and improves their circulation. Sedatives are usually ordered by the physician.

Mild restraint is sometimes resorted to in severe cases, by the application of canvas sides to prevent the patient from falling out of bed. The skirt of the oxygen tent is tucked in so as to leave considerable slack which will allow the patient to move his arms about but will not allow the escape of oxygen.

After use, the oxygen tent and equipment should be cleaned and put away in good order, ready for instant use. The tent should be washed, inside and out, with warm green soap and water and a mild disinfectant solution. It should then be kept fully extended until thoroughly dry. The inside of the skirt should be dusted with talcum powder, the tent collapsed and thus made ready for storing in a cool dark room. The ice-chest should be emptied and rinsed with an odorless antiseptic solution and allowed to stand with the cover off until dry. The drain at the bottom of the ice-chest should be cleaned and always kept free from obstruction. The drain-trays, situated at the bottom of the drain for the purpose of catching the drippings while the drain pail is being emptied, can easily be removed to allow the drain to be cleaned. The drain pail should be emptied and dried well to prevent rust.

The oxygen cylinder should be replaced by a full cylinder, if necessary. Care should be taken not to turn the regulating valve off too tightly as this grinds it down and destroys the delicate mechanism. The soda lime basket, if used, should be emptied, washed, dried and replaced in the proper compartment. The motor should be oiled after each 1000 hours of operation.

A complete understanding of the operation of the oxygen tent and of its care ensures scientific and adequate treatment for the patient and conserves the efficiency of the equipment at a minimum expense.

WANTED

Applications will be received for the position of Assistant Instructress of Nurses in the Royal Inland Hospital, Kamloops, B.C. Duties to begin immediately.

Address applications to Miss H. MacInnes,
Superintendent,
Royal Inland Hospital, Kamloops, B. C.

Benign Hypertrophy of the Prostate

MARTHA WATT
Head Nurse, Men's Surgical Ward, Hamilton General Hospital

In male surgical wards one so often sees nurses, both pupil and graduate, dismayed because they know nothing about prostate cases. Because of such ignorance and of the non-intelligent manipulation of patients resultant from it, an attempt will be made in this article to explain the underlying pathological condition and the effects it will produce upon a patient. Once these are clearly understood, the nurse will realize that treatment is directed toward alleviation, and is not just a round of senseless chores.

Let us first consider the effects of benign prostatic hypertrophy and the ways and means that treatment is directed towards its correction. The prostate is a firm, partly glandular and partly muscular body which surrounds the male urethra at its origin from the urinary bladder. It is situated in the pelvic cavity, behind the lower part of the symphysis pubis, and in front of the rectum. It is about the size of a large horse chestnut and somewhat conical in shape. An indistinct median furrow on its under surface separates it into two lateral lobes. It presents for examination a base, an apex, a posterior, an anterior and two lateral lobes. The base, for the most part of its extent, is directed continuous with the wall of the urinary bladder. The posterior surface is separated by its sheath and some loose connective tissue from the rectum and is about 4 cms. from the anus. The anterior surface lies behind the symphysis pubis, from which it is separated by a plexus of veins and a quantity of loose fatty tissue. The lateral surfaces are prominent and are covered by the anterior portions of the levator ani muscle, which however are separated from the gland by a plexus of veins. Each gland is made up numerous branching tubular glands, which are embedded in and surrounded by non-striated muscle and fibrous tissue. The glands end in the urethra.

Enlargement of the prostate, while common in men over sixty, only produces symptoms in about eight percent of cases. It is essentially a disease of advancing years and the reason of the hypertrophy is unknown. It has no relation to infection or gonorrhea but seems to be a form of abnormal involution. The condition of the prostate varies, depending upon the proportion of glandular to fibrous tissue. Usually the enlargement is made up of a series of rather spongy nodules and the part of the gland containing the nodules enlarges so as to form a mass which compresses the surrounding tissue. In other cases there is diffuse fibrosis, rather than nodular hyperplasis, in which case no nodules can be seen. The lateral lobes may be enlarged or a new middle lobe may be formed by hypertrophy of the group of glands which lie in the floor of the urethra. This middle lobe forms a conical mass which projects up from the floor of the bladder, carrying the urethral orifice with it.

The following symptoms of enlargement of the prostate are due entirely to the position of the gland at the urinary outlet:

The prostatic urethra may be elongated, compressed to a mere slit and rendered tortuous. This is the most important eause of obstruction.

The bladder cannot be completely emptied because the urinary outlet is

lifted up above the surrounding floor and the enlarged middle lobe may exert a ball valve action. There is, therefore, a constant dribbling of urine without the complete emptying of the bladder. The residual urine is readily infected and cystitis results. The bladder becomes hypertrophied in its efforts to overcome obstruction. Later there is dilation, with pouching of the wall, producing false diverticulae.

The kidneys suffer because of this obstruction and infection. The ureter and renal pelvis on both sides are dilated so that hydronephrosis is produced. Infection ascends the dilated ureters and causes pyelonephritis. Renal insufficiency now declares itself. Non-protein nitrogen is retained in the blood stream. The back pressure on the kidney is associated with arterial hypertension, even though the kidney damage is very slight.

Diagnosis of prostatic hypertrophy is therefore made upon a history of difficulty in voiding, straining, urgency, dribbling of urine and residual urine. Digital and cystoscopic examination reveal the prostatic enlargement.

The treatment is directed towards the relief of associated symptoms, such as cystitis, dehydration and uremia. Relief of the hypertrophy itself is obtained by operation. On admission to the hospital, history having been obtained and physical examination completed, the patient is investigated for residual urine; urinalysis with special regard for pus, casts and albumen; blood examination; and non-protein nitrogen determination. The last two give fairly definite estimation of the extent of kidney damage. Cardiac damage, which may be resultant upon kidney malfunction, is also investigated. Then the usual procedure is the insertion of an indwelling catheter, thus allowing constant drainage of the bladder, affording relief of the patient's cardinal symptoms, and permitting irrigations towards an aseptic bladder. Indwelling catheters are of two types: (1) ordinary straight French catheter, which is held in place by means of adhesive or rubber tape; (2) a mushroom or pigtail variety. These are introduced by means of metal applicators and held in place by their shape. Even though the bladder is already septic, it is necessary to catherize under aseptic conditions.

Irrigations are usually done two or three times a day with a variety of solutions of appropriate dilution such as simple boracic; potassium permanganate; acriflavine; silver nitrate. Occasionally these irrigations are followed by retaining instillations of a solution of argyrol of appropriate strength. Irrigations are used at a temperature of 110° to 112° F. and are given until the return flow is clear. In combating cystitis, irrigations are supplemented by oral administration (as ordered) of urinary antiseptics, such as potassium citrate, hexamine, acid sodium phosphate and tincture of hyoscamus. More recently, sulphanilamide and syrup of mandelic acid have been extensively used.

Pre-operative patients are not necessarily bed patients. As they are usually aged and debilitated it is in fact advisable that they be ambulatory. Their diet is one of low protein, high caloric and high fluids. Fluids are supplemented by intravenous glucose and saline if oral intake not sufficient. This dietary control is an attempt to lower the non-protein nitrogen content of the blood. Intake and output are measured each twenty-four hours and an accurate record kept on special prostate charts, along with the urinalysis, blood chemistry and pressure which are re-checked at least twice a week.

Kidney function may further be studied by specific gravity kidney function tests. The technique of these is simple.

The total night urine (8 p.m. to 8 a.m.) is discarded. Specimens are collected every two hours for the next twelve hours and their specific gravity is determined. The total day urine is measured, and the total night urine is saved, measured, and its specific gravity estimated. The day urine should be approximately three times that of the night, and the daily specific gravity should vary at least from 10 to 15 points. A patient with severe kidney damage will show a fixed low specific gravity, with a night output equal to or greater than that of the day.

When the patient under observation shows clear urine, normal blood non-protein nitrogen, lowered blood pressure, catheter tolerance, and equilibrium of temperature for several days he is ready for the relief of obstruction by operation. Operations have now two main types of approach; the supra-pubic route where the whole gland is enucleated, and the trans-urethral resection, where the obstructing lobe is resected by means of cautery, through a cystoscope. The anaesthetic of choice for both is spinal anaesthesia.

The post-operative treatment is similar for both types of technique and is directed towards maintenance of free drainage and control of hemorrhage. Effort is made to control hemorrhage in supra-pubic operation by insertion of a rubber Pilcher bag. The principle of this is that a small rubber bag, conical in shape, is inserted into the cavity remaining after the enucleation of the gland and inflated with water, to maintain tension against the cavity. Tension is maintained by traction, through the urethra, by the stem of the bag held to a metal tripod. This bag is left in situ for twenty-four hours, after which time the fluid pressure is released and can be re-inflated at the appearance of hemorrhage. If no hemorrhage appears it is removed after forty-eight hours and replaced by urethral catheter.

Hemorrhage must be carefully watched in the drainage winchester. If persistent, hot continuous irrigations at 118° F. of mild solutions are used. If formation of clot is extensive, the wound is re-opened and the clots removed. In supra-pubic prostatectomy, treatment is directed towards maintenance of a dry incision. At the end of the first week the abdominal tube is removed and replaced by a smaller tube and the margins of the incision are drawn together by means of adhesive tape. Urethral drainage is kept up with frequent adjustments until the abdominal incision is definitely dry.

Trans-urethral prostatectomy is of easier attention. Hemorrhage is controlled by frequent irrigations of hot non-irritating solutions. Clots are removed by suction or broken up by hemolyzing solutions such as hydrogen peroxide. The catheter remains in place until hemorrhage has totally ceased for approximately two days. On the removal of catheters it is necessary to measure the output of urine very carefully and watch for retention.

The prostatic patient requires special care and attention on the part of the nurse. A number of factors influence his condition. There is usually present, in varying degrees, a mild mental depression. The patient may be morose, irritable and even slightly disoriented. A natural reticence and bashfulness, due to the nature of his trouble, makes the patient intensely sensitive. Both pre-operative and post-operative care necessitate a great deal of embarrassment, not always appreciated as it should be by busy and pre-occupied nurses. The patient's reception, care and treatment should be kindly and understanding. The patient likes to consider himself as an individual, not a bed with a number, a fact which is all too frequently sub-

merged in the cold, routine of a modern institution. He should not be annoyed by petty hospital restrictions until he becomes more or less acclimatized to institutional routine.

Bladder drainage having been established, it is the nurse's responsibility to see that intake of fluids is great, at least 4000 c.c. a day. All fluids may be utilized and the patient should himself be interested in a variety, hot or cold, according to his preference. An accurate record is essential; the terms, "approximate" and "about" are annoying to the attending surgeon and are surely not adequate.

Daily cleansing and careful watching of drainage tubes and bottles is necessary. The tubes must be kept patent and free from kinking by clots. The tubing should be clamped when bottles are emptied and a pint of water should be kept in the bottle thus allowing the tube to be kept under water at all times and facilitating suction. Care and cleanliness in these details will help to eliminate odour. A well trained orderly, familiar with routine and equipment, is an invaluable asset. He should be responsible for the cleanliness of the perineum of the patient and for drainage conditions.

The prostate case, because of his long chronicity and painful, annoying symptoms, is naturally very enthusiastic about his own recovery. His gratitude will well repay the nurse for his exacting care.

REFRESHER COURSE IN TORONTO

A Refresher Course for registered nurses interested in Child Hygiene will be held October 19, 20, 21, 22, inclusive, under the auspices of the School of Nursing of the University of Toronto. The fee for the course will be $5.00. The general topic will be Changing Practices in the Field of Child Hygiene, including the prenatal, infant, preschool and school periods. An interpretation of the subject will be offered from the following points of view:

The Obstetrician: Dr. H. B. Van Wyck, Associate Professor of Obstetrics and Gynaecology, University of Toronto.

The Paediatrician: Dr. F. F. Tisdale, Associate Professor of Paediatrics and Director of Paediatrics, Research Laboratories, University of Toronto.

The Psychologist: Dr. W. E. Blatz, Professor of Psychology and Director of St. George's School for Child Study, University of Toronto.

The Nutritionist: Miss Marjorie Bell, Director Visiting Home Makers' Association, Toronto.

The Social Worker: Miss Frieda Held, Provincial Department of Public Welfare, Ontario.

The Educationist: Mr. Stanley A. Watson, Principal Essex School, Toronto, and Collaborator in Preparation of the new curriculum, Department of Education, Ontario.

Round Tables will give an opportunity for an application of this teaching to nursing in a discussion of the infant, the preschool child and the school child.

Applications for further information concerning the course should be made to the Secretary, School of Nursing, University of Toronto, Toronto, Canada.

WELCOME HOME!

"A journey of a thousand miles begins with a single step," wrote a Chinese sage many centuries ago. We wonder what would have been the feelings of Ruby Hamilton if, as a young probationer, she had been privileged to have a glimpse of the road ahead. That first step led from a peaceful Ontario village to the Johns Hopkins Training School in Baltimore. To start one's professional career under the direction of such leaders as Adelaide Nutting and Caroline van Blarcom, to know and work with Sir William Osler, Dr. Welsh, Dr. Kelly and Dr. Halstead—surely this was happy augury for the journey ahead. Following those memorable training days, the years held for the erstwhile probationer valuable experience as staff supervisor, private duty nurse, and night superintendent of Johns Hopkins Hospital.

Then the call came from overseas service, and another "Sister" was added to the Queen's University Unit. In France, at Number Seven Canadian General Hospital, two and one half years were spent on active service—until the arrival of an official envelope commanding Nursing Sister Ruby Hamilton to return at once to Canada as Matron of St. Anne de Bellevue Military Hospital in Quebec, meant another unexpected task and a fresh turn in the road. In 1920, when the military hospitals were still full but the mind of the public had turned again to peace and reconstruction, the Matron of St. Anne de Bellevue Hospital resigned and joined the new group of public health nurses, organized under the Ontario Department of Health, to blaze new trails.

Fourteen years ago response was made to another call, this time from the Canadian Red Cross Society. The trail led for eight years through Canada's Northland, during the early development of the Ontario Outpost hospitals, when Miss Hamilton served as supervisor of Red Cross public health activities. It was during this period that she was the favoured recipient of a Red Cross scholarship, and was registered during 1927 and 1928 at Bedford College of Nursing, London, England, for post-graduate studies in public health.

Ruby Hamilton

The many international contacts made while abroad, the varied experience in school work, and opportunities for overseas travel throughout the years, all served to make Miss Hamilton's appointment in 1932, as superintendent of Junior Red Cross in Ontario, a happy

choice. No child (and no detail) has been too small to be given her personal attention when needed. Many crippled patients and their parents, throughout Ontario, will remember her with affection. Little Arthur, cruelly crippled a few years ago, but who now runs about like other boys, will miss a friend when he makes his periodical visits to Toronto specialists and Red Cross headquarters. And he is but one of many. The work Miss Hamilton is leaving is well organized, and there are now 155,322 Red Cross Juniors enrolled in 5,027 classrooms of Ontario — children striving with eighteen million other members throughout the world for the high ideals of health, service and world friendship.

This sketch of Miss Hamilton's nursing career would not be complete without mention of her personal contribution to professional organizations. Possessing a quiet, dignified manner and a sense of humour, she works well with others. In addition to holding office in the Registered Nurses Association of Ontario and serving on numerous committees, she has been the honoured president of the Toronto Community Health Association and the Toronto unit of the Overseas Nursing Sisters Association. As an "Old International" she has for the past five years served most successfully as convener of the Ontario Florence Nightingale Foundation committee.

Now, at her own request, another Canadian nurse is being released from professional duties and responsibilities. A gracious personality will be missed from the active ranks, but her friends and colleagues cannot help sharing her enthusiasm and joy in her plans for years in happy retirement. We feel certain that the little feathered friends perched on the edge of the bird pool sang more gaily, and the chimes of the Canterbury Bells pealed more sweetly throughout that peaceful Islington garden — echoing the good wishes of many friends — when they realized that one who had travelled along many roads in distant lands had at last come home "to stay".

T. C.

MISS DORSEY RESIGNS

We learn through *The British Journal of Nursing* that Miss Nan Dorsey, who for many years has served as Warden of the Florence Nightingale International House, has resigned and will soon return to the United States. Canadian nurses who have been residents will agree with the warm commendation given by Mrs. Bedford Fenwick to Miss Dorsey in these words:

Miss Dorsey has welcomed students from all over the world, for many years made them feel at home in London, encouraged a fine spirit of comradeship amongst them, and is generally beloved. Her resignation, which takes place at the end of the year, is a real loss to the Foundation.

Notes From the National Office

Contributed by JEAN S. WILSON,
Executive Secretary, The Canadian Nurses Association

From the report of the nineteenth General Meeting of the Canadian Nurses Association, as published in the September number of the *Journal*, members of the Association are aware that the National Joint Study Committee of the Canadian Medical Association and the Canadian Nurses Association was disbanded. This Committee, organised in 1927, functioned under the able and sympathetic direction of Dr. Stewart Cameron, of Peterborough, as Chairman.

Permission has been secured from Dr. Cameron to publish the subsequent paragraph which formed part of his letter to the representatives of the Canadian Nurses Association when advising that, in so far as the Canadian Medical Association was concerned, the National Joint Study Committee was disbanded and that such action would be completed when the Canadian Nurses Association also agreed to disbanding:

> And so time moves on, almost ten years have passed since we began this job. The final acts are about to be completed. I think something was done that I believe will be for the benefit of the Canadian nurses, not so much perhaps as was hoped for at first. At least a foundation was laid upon which your profession can build with more security than they could have done without the Survey.
>
> The Canadian Medical Association was glad to have had a part, although a small part, in the work. If in the future, you should desire the help of our Association I am sure you have only to ask and that help will be forthcoming. Might I suggest that in some way you maintain the connection that has been established so that your activities may be kept before our profession and in some degree co-ordinated with ours. Not the least of the accomplishments of the joint committee was the recognition by the Canadian Medical Association of the important place Nursing has in the care of the health of the people. I trust that this may continue.

An Historical Record

The first Oration in honour of Florence Nightingale was delivered by Sir George Newman during the ninth Quadremmial Congress of the International Council of Nurses. The Florence Nightingale International Foundation secured permission to publish the text of the Oration in pamphlet form.

For the convenience of all those in Canada who may wish to secure the pamphlet, the Canadian Nurses Association ordered a supply of copies which can be obtained at the National Office, 1411 Crescent Street, Montreal. Single copies ten cents; or lots of 12 copies for one dollar.

The text of the Oration should prove valuable to students of the history of nursing and might very well be found in all schools of nursing. Please do not delay in ordering one or more copies as the supply at National Office is limited.

C. N. A. Scholarship

Miss Bianca M. Beyer, who was awarded the Canadian Nurses Association Scholarship, 1938-1939, wrote the following letter, under date of August 28, 1938, to the Executive Secretary:

It is with pleasure that I write to inform you and the members of the Canadian Nurses Association, that I arrived in London on August 14 and am very comfortably settled in "Canada Room" at 15 Manchester Square. The room, with its cheerful colouring of yellow and brown, its pictures of Canadian scenes, looks like a little corner of home and makes me feel very welcome. I know that I shall be comfortable and happy here.

It is most interesting to meet nurses from fourteen other countries and to realize that we have common interests. Already, these interests have drawn us together and we feel like old friends. The countries represented this year are: Great Britain, South Africa, Australia, India, United States of America, Norway, Sweden, Denmark, Holland, Latvia, Poland, Finland, Turkey, China and Canada. Miss Parsons, Miss Baggallay and Miss Dorsey are very kind and most gracious. We are enthusiastically looking forward to an interesting as well as a profitable year, for we hope to become acquainted with London, as well as with the hospitals and nursing schools.

At the present time I am in residence, with the student from Norway, at the University College Hospital. I spend two weeks at St. Thomas's, a week at the Middlesex and a week at St. Mary, Islington Hospital before the university term opens on October 6.

May I take this further opportunity to thank the members of the Canadian Nurses Association for making it possible for me to represent them at the International Course, and to assure them that I will endeavor to do so worthily.

Nightingale Memorial Fund

Further contributions to the Florence Nightingale Memorial Fund have been received as follows: Nursing Staff, Victorian Order of Nurses, Montreal, $9.00.

A request has been received for the correction of an item as published with the list of donations in April 1938. The item was entered as: "Interested Married Nurses, Edmonton, $26.00"; this should have read "Interested Married Nurses, Alberta, $26.00."

The Curriculum

A reprinting of *A Proposed Curriculum for Schools of Nursing in Canada* is now available. Copies can be obtained from the Canadian Nurses Association, 1411 Crescent Street, Montreal, P. Q. Price: One dollar a copy.

OBITUARIES

GEORGINA POPE, a member of a distinguished Canadian family, died on June 6, 1938 at Charlottetown, Prince Edward Island. Miss Pope, who was a graduate of the school of Nursing of Bellevue Hospital, New York, rendered outstanding military nursing service, both in the South African campaign and during the Great War. In January 1936, the occasion of her golden jubilee of professional service was celebrated under the auspices of the Alumnae Association of the School of Nursing of the Charlottetown Hospital. An account of this event and further details concerning Miss Pope's interesting career will be found in the February, 1936, issue of this *Journal*.

EILEEN POTTS, a graduate of the School of Nursing of the Royal Victoria Hospital and a member of the Class of 1932, died on August 27, 1938, in the Ross Memorial Pavilion of the Royal Victoria Hospital.

The Student Nurses' Page

At the Biennial Meeting of the Canadian Nurses Association there was a lively debate about the best way to make the *Journal* "come alive". Upon one point everybody was in agreement —there ought to be a student nurses' page. While this argument was going on we kept quiet as a mouse and did not even mention that not so long ago there used to be a students' page. Nobody asked what had become of it. No one even remembered it had ever been there. But we did. So here is our side of the story.

We struggled quite valiantly with that page and tried to keep it in the *Journal* even when it was difficult to find space for it. The real trouble was that the material sent in for publication was not suitable. Usually it took the form of interminable case histories which took up far too much space and which it was difficult either to condense or to edit satisfactorily. Sometimes we opened a fat and promising envelope only to find that it contained trivialities about Hallow'een or Christmas parties, complete with costumes and table decorations. Very seldom did we ever receive anything which brought the challenge of youth with it. New ideas, a fresh point of view — we looked for them in vain.

We can hear you saying — "Well, what does the *Journal* want?" We can answer that question in a single sentence: "The *Journal* wants material which reflects the original thinking and the actual experience of student nurses". Preferably (though not necessarily) this material should be directly related to nursing. Articles should not exceed one thousand words and should be typed or legibly written. They should be approved by the superintendent of nurses, or by a responsible member of the teaching staff of the School. They must be signed by the author.

You must not feel hurt if your first effort is not published. The editor, poor soul, has to decide whether it is readable or not. Don't ask how she does it. She won't tell you. Try again. In writing as in everything else, practice makes perfect.

Now what topics can you find? How about your last "turn" on night duty? What did you learn? What did you wish you *had* learned?

Why didn't the pneumonia case you worked so hard over, get well? What are you going to watch for next time? Was there anything you missed?

If you were the head nurse what would you teach the students on your ward — and why?

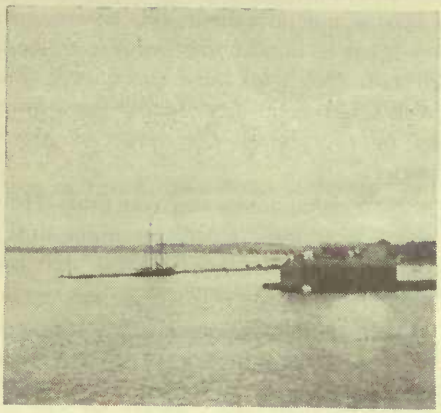
What do you think about student councils? Is there any form of student government which really governs? If not, why not?

What ideas have you about the social life of the residence? What about a dramatic group which might work up living pictures of the history of nursing for the next Alumnae meeting? Or a glee club? Or outdoor sports in which you could challenge the student nurses in the other hospitals?

There are other and more far-reaching possibilities. There is this whole difficult question of personal conduct and good manners. If the old discipline is to pass, what do you suggest should take its place? Should more be expected of the student nurse than of other young women? If so, where are you to look for strength and inspiration?

The student nurses' page lies open before you. What are you going to write upon it? You can say a great deal if you use a thousand words. Sometimes you can say more if you boil it down to five hundred. Just one word more — no poems, please. Positively no poems. We just can't bear them.

P.E.I. REFRESHER COURSE



Charlottetown Harbour

Under the auspices of the Prince Edward Island Registered Nurses Association a two-day Refresher Course for graduate nurses is being offered on Monday, October 17 and Tuesday, October 18 at Charlottetown. The principal speaker will be Miss Katharine M. MacLennan, B. A., assistant superintendent of nurses and instructress at the Alexandra Hospital, Montreal. Arrangements have also been made for other interesting addresses. The tentative schedule is as follows:

Monday (Morning Session)

The value of a General Education: Dr. G. D. Steele, Principal, Prince of Wales College.

General Education for Nurses: Rev. Sister Loyola, Charlottetown Hospital. A theoretical Basis for Medical Asepsis: Miss Katharine M. MacLennan.

Monday (Afternoon Session)

Some Aspects of Immunization: Miss K. MacLennan.

Progess in Immunization in Prince Edward Island: Miss Mona Wilson, Director of Public Health Nursing, P.E.I. Department of Health.

Monday (Evening Session)

Medical Asepsis, as carried out at the Alexandra Hospital, Montreal: Miss K. MacLennan.

Demonstration of medical aseptic technique applied to home environment: Miss Ruth Ross, public health nurse, P.E.I. Department of Health.

Tuesday (Morning Session)

Scarlet fever and diphtheria—onset, general course and complications: Dr. Simpson, member of the medical staff of the Prince County Hospital, Summerside.

Nursing care in these and other infectious diseases: Miss K. MacLennan.

Tuesday (Afternoon Session)

New Drugs: Dr. Wendall Mackenzie, member of the medical staff of the P.E.I. Hospital.

Pre-natal Care: Miss Reid

Demonstration of preparation for delivery in the home: Miss Solomon, Charlottetown Hospital.

Enquiries regarding the course should be addressed to the Rev. Sister Stanislaus, president of the Prince Edward Island Registered Nurses Association, Charlottetown Hospital, Charlottetown,

ONE OF "OURS"

Mr. Asa S. Bacon, superintendent of The Presbyterian Hospital of the City of Chicago, has authorized the publication of the following announcement:

Miss M. Helena McMillan announces her retirement, in October, as Director of the School of Nursing of The Presbyterian Hospital of the City of Chicago. When the hospital decided to establish its own School of Nursing in 1903, Miss McMillan was selected to take charge of the new project. She had been graduated from McGill University, Montreal, and the Illinois Training School for Nurses and was at that time a resident of Henry Street Settlement in New York.. Previously she had organized the School of Nursing at Lakeside Hospital in Cleveland, Ohio, and for two years was

superintendent of nurses in the Kingston General Hospital, Kingston, Ontario. To Miss McMillan was assigned the task of organizing the School, and the dual role of director of the educational programme and the nursing service in the Presbyterian Hospital. Her success in co-ordinating the two programmes is attested by the record of her 35 years of service and the recognition accorded her as a leader in the field of nursing education. In 1936, Miss McMillan was the recipient of the Saunders Medal.

Canadian nurses still claim Miss McMillan as one of our own and are proud of her fine record as an administrator and educator. Their best wishes will follow her in her retirement.

"INTERNATIONAL AFFAIRS"

These delightful verses, written by Florence Heaney (Great Britain), a student from 1937 to 1938 in the courses offered under the Florence Nightingale International Foundation, are quoted from *"The International Times"*, a notable publication to which more extended reference will be made in a later issue.

I like Americans
They are so keen to get and go,
And knowing what they want to know,
Waste not their powers in further search
For that ideal which is theirs already.
With forks their energy conserve
Why use two hands when one will serve
To satisfy the pangs of hunger.

I like the Finns
They are so patient and so fair
So much to give so much to share.
The coffee pot has one cup more
For all who come to join the throng.
I would I could their minds explore
For wealth of Finnish song and lore
And stores of thoughts forever fresh.

I like the Swedes
They are so young and very keen.
I think it would be hard to wean
Their thoughts from cost of living budgets,
Allowances and convalescences,
And yet it seems that they have time
To study also source of crime
And render aid by social service.

I like Chinese
Who grace this place with costumes fair.
They always seem to have to wear
A garment fitting for the occasion.
They understand their fellow men,
Intelligence testing as a natural feature
Of calculating the normal creature
Is play to them.

I like these Folks
I've mentioned here.
Their characteristics might appear
As somewhat lacking in myself
And counteracting this defect
To keep my head and still be rational
I sign myself an *"International"*.

PRIVATE NURSING IN NOVA SCOTIA

The following report, prepared by Miss E. Irene Smith, convenor of the private duty section of the Halifax branch of the R.N.A.N.S., gives an excellent picture of the work of an active and enterprising group.

During the last two years there has been an increase in employment. A number of nurses have taken and are taking, post-graduate courses in Quebec and Ontario institutions. A few nurses have engaged in institutional work in the United States during the past year. Reorganization of registries has not been undertaken.

Although twenty-four hour duty has recently been completely abolished in Halifax, it is still being practised in many Nova Scotia Hospitals. Considerable dissatisfaction has been noted among our private duty nurses because of their long hours of duty and low incomes as compared to other groups in our own Province. Three districts have been making an effort to adjust this situation; Valley Branch is considering a ten-hour day; New Glasgow an eight-hour day; in Halifax eight-hour duty has been established since July 1, 1938. Investigation of conditions of private duty nursing in Halifax during 1937, shows that the average number of hours of duty was 2,268. The average income was $654.00, or 28.9 cents per hour; the amount of fees not collected was $21.00; the amount of service given free was 7 days, that is almost one month's salary was given free for the benefit of the public. Among 98 nurses, 23 have life insurance policies, 2 policies being dropped during 1937. One nurse carries a sickness policy.

To determine the value at which the general public estimates nursing service in Nova Scotia, the initial minimum salary and hours of duty of institutional nurses in Halifax hospitals, supported by the Dominion Provincial and City governments, has been ascertained. The average number of hours of duty is 2524 per year, (256 hours more than the private duty nurses); average yearly income is $1385.00 or 55 cents per hour, or 26¢ per hour more than private duty nurses. This is only approximate salary, allowing $8.00 per week for board and $60.00 per year for laundry. In many cases these groups are also assured of a month's salary if ill, and of free hospital care. From the records of private duty nursing at our two largest hospitals, where both day and night nurses are employed, the duration of the average case is 8 nights and 11 days. On the basis of our former schedule, 8 nights at $4.00, and 2 meals at 35¢ for each twelve-hour period cost $37.60; 11 days at $4.00, and 2 meals at 35¢ for each twelve-hour period cost $51.70. The total cost to the patient was $89.30. The earnings of the nurses for the 19 periods of twelve-hour duty was $76.00. On the basis of the schedule in force since July 1, we find that the cost to the patient is $88.20 distributed as follows: 7 a.m. to 3 p.m.—11 periods @ $3.75, plus 1 meal @ 35¢ $45.10; 3 p.m. to 11 p.m.—8 periods @ $3.75, plus 1 meal @ 35¢ $30.80; 11 p.m. to 7 a.m.— 3 periods @ $3.75, plus 1 meal @ 35¢ $12.30. The total cost to the patient is therefore less than on the previous schedule. The earnings of the nurse for the 22 periods of 8 hours each were $82.50, an increase of $6.50 which must provide for the 16 extra meals previously paid for by the patient. Sixteen meals, at 35¢, would cost $5.60, therefore the extra value to the 3 nurses employed is 90¢ during average cases.

Considering, therefore, the financial condition of those from whom our income is derived, the cost of living in the locality concerned, and the standard of living demanded of us as professional people, the following recommendations of the private duty nurses of the Halifax Branch were approved by the Registered Nurses Association of Nova Scotia at the Provincial annual meeting on June 3, 1938.

1. That 24 hour duty be abolished.

2. That 8 hour duty be instituted in hospitals.

3. That the eight-hour and twelve-hour schedules be optional in homes.

4. That the fee for eight-hour duty be $3.75 for general nursing.

5. That the fee for twelve-hour duty be $5.50 for general nursing.

6. That a fee of $1.00 extra per 8 or 12 hour period be charged for mental and alcoholic cases outside of hospitals.

7. That each nurse do only one period of duty in 24 hours.

8. That an investigation be made one year after the institution of this schedule to determine the average salary of the private duty nurse which may be compared to the average salary of 1937.

The Halifax hospitals have fully co-operated in order to enable us to carry out this schedule and with the exception of a few, doctors seem to approve of it. Should this schedule not show improvement financially , but even an improvement in the health of the nurses, and give each an opportunity to live like other people, we shall have a more happy and contented group and consider this schedule successful.

VICTORIAN ORDER OF NURSES

TRANSFERS:

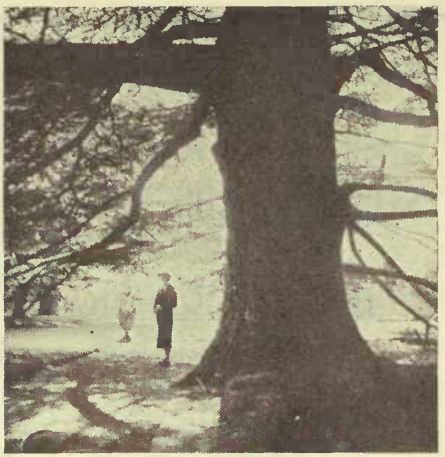
Miss Margaret Hardy: transferred from York Township to Pictou; Miss Georgina Carr: transferred from the Toronto staff to take charge of the recently organized Peninsula Branch at Thorold-Merritton; Miss Mary Ross: transferred from Kingston to Cornwall; Miss Rachel Doull: transferred from Regina to Kingston; Miss M. MacNeil: transferred from Glace Bay to Halifax.

ADMISSIONS:

Miss J. L. Cunningham: admitted to Kingston staff; Miss J. Wallace: admitted to Moncton staff; Miss Margaret Perley: admitted to York Township staff; Miss L. Lawder: admitted to Cobalt; Miss H. Robson: re-admitted to Border Cities staff; Miss Helen O'Meara: re-admitted to Ottawa staff.

RESIGNATIONS:

Miss Vera Webb: resigned from Cornwall; Miss M. Chepesiuk: resigned from Cobalt; Miss L. M. MacMillan: resigned from Glace Bay; Miss M. McIntosh: re-



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signed from Glace Bay; Miss E. Corbett: resigned from Kingston; Miss J. Moody: resigned from Winnipeg; Miss J. MacFarlane: resigned from Kitchener; Miss M. Van Scoyoc: resigned from Hamilton; Miss Reta Myers: resigned from Moncton; Miss D. LaBrosse: resigned from Lachine.

ONTARIO PROVINCIAL PUBLIC HEALTH NURSING SERVICE

The child health programme developed and for years sponsored by the Child Welfare Association of London has been taken over by the City Department of Health. Reorganization of the public health nursing service has been carried out during the summer months and Miss Hilda Pennock of the supervisory staff of the Ontario Department of Health, has been the acting director. School health services are provided by the Public and Separate School Boards.

The public health nursing services of the Board of Health and the School Board of York Township have been amalgamated. There is now a staff of nine nurses with Miss Jean Watt as senior nurse. Miss Margaret King, formerly senior nurse for the Board of Health, resigned in July.

Miss Gladys McDonald, director of public health nursing in the recently amalgamated service of the Regina Department of Health, visited the Health Departments of Hamilton, London and Toronto during July and August.

Miss Katherine McRae, (Institute of Public Health, University of Western Ontario), who has been the public health nurse at Renfrew for several years, resigned in July.

Miss Oweita Clark, (School of Nursing, University of Toronto), has resigned her postion with the Cornwall Board of Health.

Miss Jean Fox, (S. of N., U. of T.), senior nurse with Oshawa Board of Health, resigned in August. She is succeeded by Miss Isabel Pringle, (I. of P.H., U. of W. O.), Miss Gertrude Tucker, (I. of P. H., U. of W. O.), recently resigned as public health nurse at Bowmanville, has been appointed to the Oshawa staff.

Miss Lauretta Hall, (S. of N., U. of T.), public health nurse with the Public School Board of Brockville, resigned in June to accept a position as staff nurse with the Department of Health at Timmins, Ontario. Miss Eleanor Earle, (S. of N., U. of T.), who succeeds Miss Hall, resigned as senior public health nurse at Woodstock.

Miss Hilda Friendship, who resigned in June from the staff of the public school health service in Kingston, is succeeded by Mrs. Sara Verrall formerly with the Humber Bay School Board. Miss Friendship and Mrs. Verrall were students at the 1934 summer course in School Nursing given by the Ontario Department of Education at Hamilton.

Miss Jean Algie, (S. of N., U. of T.), has resigned as public health nurse of Fort Frances where she will continue to live after her marriage. Her successor is Miss Marion Thompson, a graduate of the School of Nursing of the Toronto General Hospital, and the Public Health Nursing Course, (1937) School of Nursing, University of Toronto.

OVERSEAS NURSING SISTERS ASSOCIATION

The Victoria Unit of the Overseas Nursing Sisters Association of Canada held a garden tea, in the late summer, at the home of Mrs. David Spencer. Twenty-nine Sisters were present including Miss Jordan from Honolulu, Mrs. Rhoads, Santa Ana, and Mrs. Morse, Port Angeles. The president, Mrs. R.A.C. Hogarth welcomed home Miss Agnes Forbes and presented Miss Ada Benvie with an attractive watercolour.

The Nursing Sisters Branch of the Canadian Legion, B.E.S.L. sent Miss K. E. Gray as their official delegate to the provincial convention in Vancouver. Matron Turner of Shaughnessey Military Hospital was the delegate from the Vancouver Unit of the O.N.S.A. These delegates served on the committee for pensions and treatment.

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NEWS NOTES

NEW BRUNSWICK

SAINT JOHN:

The fiftieth anniversary of the founding of the Saint John General Hospital Training School for Nurses was celebrated recently in the Admiral Beatty Hotel. The Alumnae Association entertained the thirty-three members of the graduating class of 1938. The president of the Association, Mrs. A. L. Donovan, presided and seated at the head table were the officers and special guests. The officers included the honourary president and past superintendent, Miss E. J. Mitchell; the president, Mrs. A. L. Donovan; the first vice-president, Miss Belle Howe; the second vice-president, Miss Susanne Hartley; the treasurer, Miss Rheta Wilson; the secretary, Miss Mary Crossman. Among the special guests were Mrs. Susan H. Sutherland, a member of the first graduating class; Mrs. J. McLellan, lady commissioner of the Hospital; Mrs. S. R. D. Hewitt, wife of the general superintendent; Mrs. Ralph Robertson, president of the Women's Hospital Aid; Miss Margaret Murdoch, superintendent of nurses. Past Presidents of the Alumnae, including Mrs. John H. Vaughan; Mrs. F. M. McKelvey, Mrs. Leonard Dunlop, Mrs. D. C. Malcolm, Mrs. O. A. Burnham. Miss Maude Retallick, (formerly superintendent of nurses), Mrs. Austin Powers, president of St. Josephs Alumnae Association and Mrs. G. E. Van Dorsser, president of the New Brunswick Association of Registered Nurses were also honoured guests. Following the dinner, bridge and dancing were enjoyed.

The regular monthly meeting of the Saint John Local Chapter of the N.B.A.R.N. was held recently with the president, Miss Margaret Murdoch, in the chair. Following the business meeting Dr. Geo. Skinner gave an interesting lecture on chest surgery.

Miss Jean Anderson McCready (S.J.G.H., 1938) has left for the Royal Victoria Hospital, Montreal to take a post-graduate course in obstetrics. Miss Sarah Cohen (S.J.G.H., 1938) has accepted a position at the Jewish Hospital, Montreal.

Married: On May 23, 1938, Miss Vesta Muriel Wiggins (S.J.G.H., 1935) to Dr. Esmond Stiles.

Married: On May 23, 1938, Miss Mabel Janet Price (staff of the Tuberculosis Hospital, East Saint John) to Mr. Kenneth Fowler Hargrove.

Married: Recently, Miss Kathleen Wilson (S.J.G.H., 1935) to Mr. William Burnside.

NOVA SCOTIA

AMHERST:

At the recent annual meeting of the Cumberland Branch, Registered Nurses Association of Nova Scotia, the following officers were elected: President, Miss J. S. Betz, of Amherst; vice-president, Sister Anna, of Springhill; secretary-treasurer, Miss Sally Lavers, of Amherst. Eleven meetings were held during the year, several of which were addressed by local doctors. One meeting took the form of a picnic at the Experimental Farm, Nappan, at which time a report of the C.N.A. Biennial Meeting was given by Miss Grace Smith, past president and delegate.

HALIFAX:

Miss Rose Creaser, who has been assistant supervisor of the main operating room, Victoria General Hospital, has been appointed supervisor of the operating room at the Blanchard Fraser Memorial Hospital, Kentville. Miss Madeline Millard has also been appointed to the nursing staff of this hospital.

Miss K. MacNeil has been transferred from Glace Bay to the staff of the Victorian Order of Nurses in Halifax.

Miss Maude MacLellan (V.G.H.), formerly supervisor of the paediatric department of the Victoria General Hospital, has accepted the position of superintendent at the Digby General Hospital.

Married: On August 16, 1938, Miss Margaret Taylor (V.G.H.) to Dr. Kenneth Grant.

ONTARIO

DISTRICT 8

OTTAWA:

Ottawa Civic Hospital:

Miss Leila Porter and Miss Marguerite Christie, (O.C.H., 1937) have left for Hamilton, Bermuda, where they will do general duty at the King Edward VII Hospital. They will be joined by Miss Bessie Pepper and Miss Alberta Gough.

Lady Stanley Institute: Miss Mabel M. Stewart was re-elected president of the Lady Stanley Institute Alumnae Association at the annual meeting held in the Royal Ottawa Sanatorium. Miss Stewart presided over a large attendance and excellent reports were read. Associated with Miss Stewart will be: vice-president, Miss C. Pridmore; secretary, Miss C. Ferguson; treasurer, Mrs. N. Halkett; Board of Directors: Mrs. G. C. Bennett, Mrs. W. E. Cavan, Miss C. D. Flack, Miss E. MacGibbon. The conveners of committees are: Flowers, Miss E. M. Booth; Press, Mrs. L. R. Gisborne; Central Registry Representatives: Miss M. Slinn, Miss E. Curry.

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•

EXAMINATION ANNOUNCEMENT

•

An examination for the Registration of Nurses in the Province of Ontario will be held in November.

Application forms, information regarding subjects of examination and general information relating thereto may be had upon written application to:

ALEXANDRA M. MUNN, Reg. N.,
Parliament Buildings, Toronto

QUEBEC

MONTREAL:

Royal Victoria Hospital:

Miss Gertrude Yeats (R.V.H., 1920) has resigned from the teaching staff of the Royal Victoria Hospital to take up duties as clinical supervisor at the Vancouver General Hospital.

Miss Dorothy Riches (R.V.H., 1932) has accepted the position of instructor of nurses at the Provincial Royal Jubilee Hospital, Victoria, B. C.

Miss Molly Stevens (R.V.H., 1932) has resigned from the staff of the Montreal branch of the Victorian Order of Nurses in order to accept an appointment with the Amherst branch of the Order.

Miss Hazel Hay (R.V.H., 1932), who has been on the staff of the Women's Pavilion, has accepted a position at the Groote Schuur Hospital, Capetown, South Africa.

Miss Helen Eberle (R.V.H., 1929) has resigned from the staff of the Neurological Institute and is succeeded by Miss Bertha Cameron (R.V.H., 1931). Miss Lorraine MacNichol (R.V.H., 1934) succeeds Miss Cameron as night supervisor.

Married: Recently, Miss Florence Jamieson (R.V.H., 1933) to Dr. Harold Lyons.

Married: Recently, Miss Lucie Millette (R.V.H., 1935) to Dr. O. W. Stewart.

Married: Recently, Miss Jean A. Algie (R.V.H., 1930) to Mr. T. B. Harrison.

Married: Recently, Miss Ella Larsen (R.V.H., 1930) to Mr. Percy M. Crosbie.

Married: Recently, Miss Ella Wallace Jackson (R.V.H., 1933) to Mr. T. B. Manning.

Married: Recently, Miss Helene Wilson (R.V.H., 1931) to Mr. Gerald Dulmage.

Married: Recently, Miss Dougal Fisher (R.V.H., 1936) to Mr. Charles Turnbull.

MONTREAL:

Montreal General Hospital:

During the Biennial Meeting of the C.N.A. held in July in Halifax, a delightful reunion dinner of M. G. H. graduates (about 30) was held at the Cornwallis Inn, Kentville.

Miss Margaret J. Denniston (M.G.H., 1929) has been appointed assistant superintendent of nurses in the University of Alberta Hospital, Edmonton, Alberta.

Miss Louise M. Shepherd (M.G.H., 1928) and Miss Grace K. Reinauer (M.G.H., 1929) have been appointed to the staff of Jeffery Hale's Hospital, Quebec City.

Miss Mabel A. Shannon (M.G.H., 1932) a member of the night staff of the Central Division, for the past four years, has been

(*continued on page* 624)

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Executive Secretary, Miss Anna Schwarzenberg, 51 Palace Street, London, S.W.1., England

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Numerals preceding names indicate office held, viz: **(1)** ***President, Provincial Nurses Association;*** **(2)** ***Chairman, Nursing Education Section;*** **(3)** ***Chairman, Public Health Section;*** **(4)** ***Chairman, Private Duty Section.***

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New Brunswick: (1) Mrs. G. E. Van Dorsser, Health Centre, Saint John; (2) Sister Corinne Kerr, Hôtel Dieu Hospital, Campbellton; (3) Miss A. Burns, Health Centre, Saint John; (4) Miss Kathleen Lawson, 84 Wright St., Saint John.

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Association of Registered Nurses of the Province of Quebec (Incorporated, 1920)

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Associations of Graduate Nurses

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appointed sister-in-charge of Gynaecology Ward O., Central Division.

Miss Agnes Tennant (M.G.H., 1934) has been appointed sister-in-charge of Medical Ward C., Central Division.

Miss Gladys H. McLean (M.G.H., 1934) and Miss Kathleen MacDonald (M.G.H., 1937) have been engaged in work at the King Edward VII Memorial Hospital, Bermuda, during the summer and will remain throughout the winter.

Homeopathic Hospital:

Miss N. Woolie is taking a post-graduate course at the Neurological Institute, Montreal. Miss L. Atholstan is replacing Miss Woolie as night superintendent. Miss M. Lindsay is assisting Miss Ross in the Training School.

Married: Recently, Miss Esther Buchanan to Mr. Robert Johnson.

QUEBEC CITY:

Jeffery Hale's Hospital:

Miss G. Reinauer, of the Montreal General Hospital, has accepted a position as supervisor of the operating room. Mrs. Strout (Miss Mackenzie J.H.H., 1922) of Chicago was a recent visitor.

During the Biennial Meeting of the C.N.A. in Halifax the J.H.H. Alumnae Association had a re-union, the following members being present: Miss H. Mackay (1904), Miss M. Haliburton (1915), Miss H. Stevenson (1914), Miss S. M. Jamison (1917), Miss E. Glass (Mrs. Shreve) (1918), Miss W. Winterbourne (1914), Mrs. Tumey (1918), Mrs. Gorman (1917).

Miss A. E. Richardson, formerly superintendent of Joyce Memorial Hospital, Shawinigan Falls, Quebec, has been appointed superintendent of the New Hospital, Kentville, N. S.

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The decision of the Scholarship Award Committee in the selection of the successful candidate will be announced in *The Canadian Nurse*.

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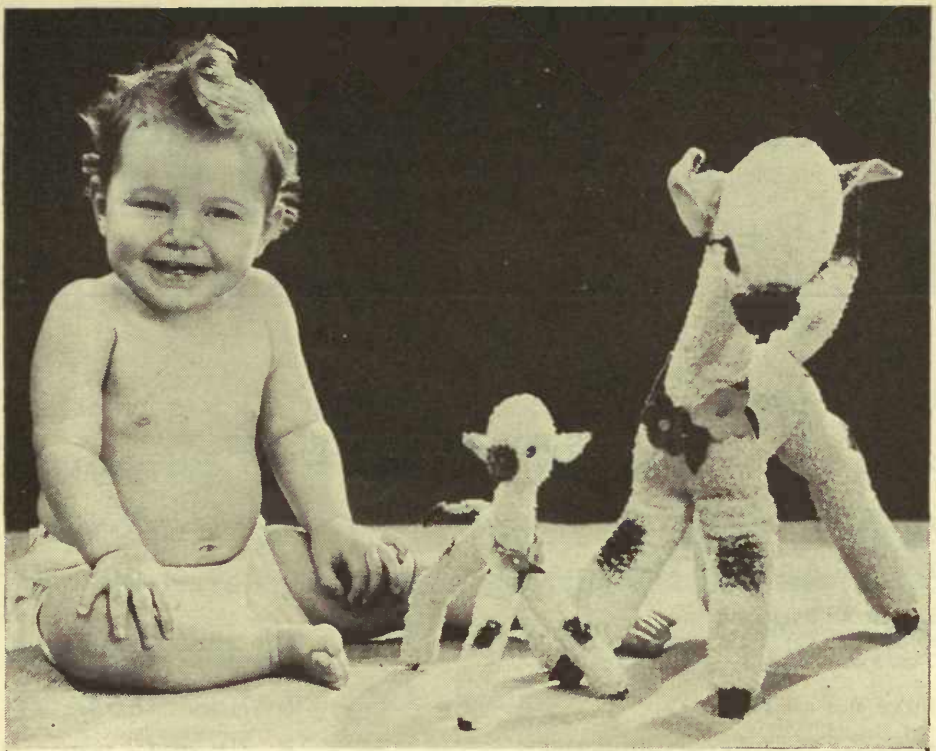

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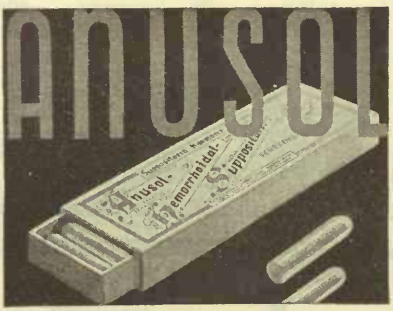

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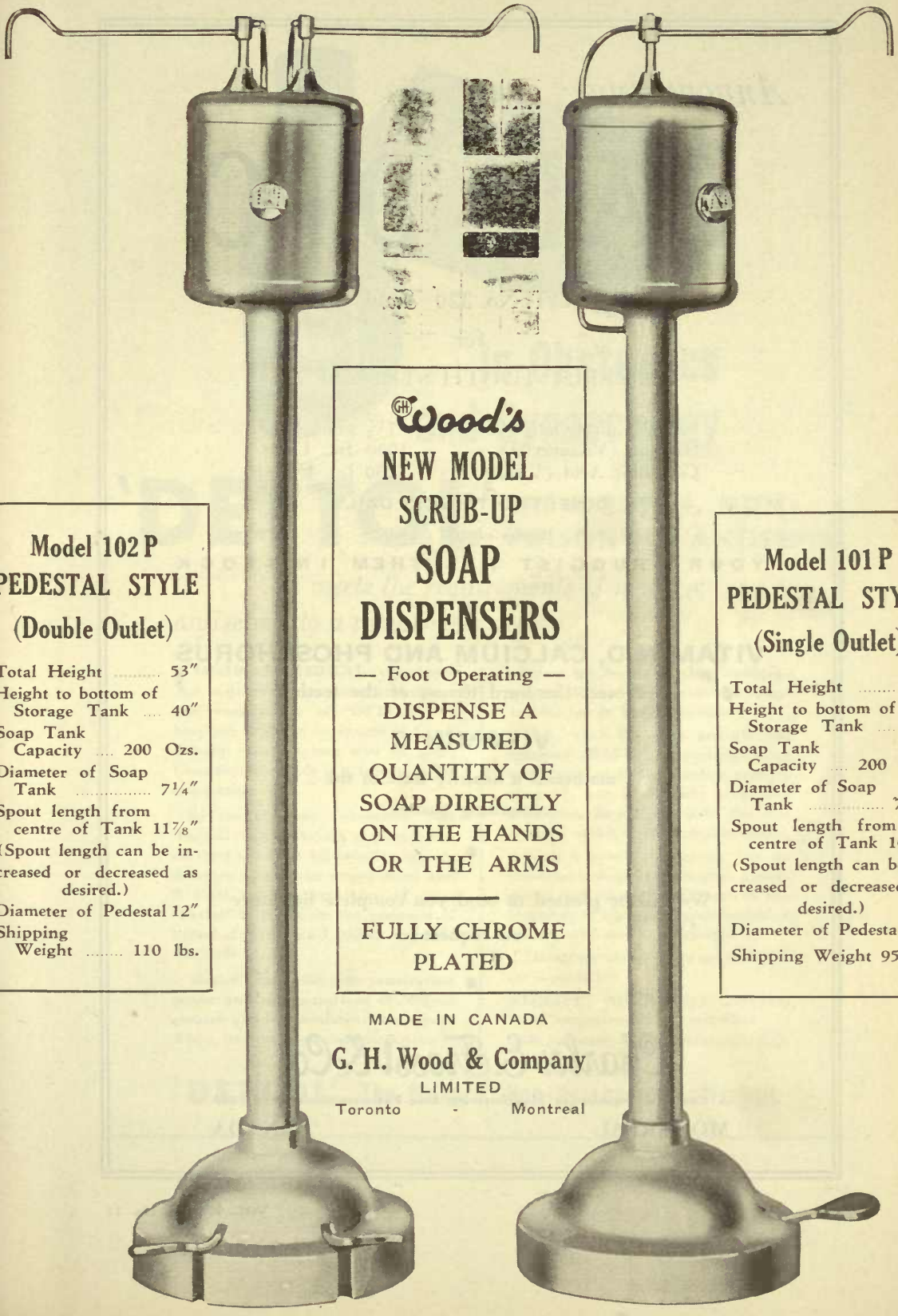

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* * * *

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The
CANADIAN NURSE

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PUBLISHED BY THE CANADIAN NURSES ASSOCIATION

VOLUME THIRTY-FOUR NUMBER ELEVEN

NOVEMBER, 1938

Preparation and Peace

GRACE M. FAIRLEY
President, The Canadian Nurses Association

Few of those actively engaged in Nursing will soon forget the closing and ominous days of September, 1938. The anxiety and suspense following Mr. Chamberlain's second visit to Germany made us all realize how near we were to war—a war which unlike all previous wars could only be described as massacre. Could the greatest pacifist read of the gardens in Britain being converted into trenches for the protection of the civilian population, or of the issuance of gas masks by the million without realizing the demand that would have been made on the medical and nursing professions?

Then the Munich Conference! And the gratitude of all those who had fervently prayed that somehow, somewhere, in these dark hours a way would be found to peace. The greatest pessimist amongst us must feel that at least hope and promise have come out of that historic conclave.

A very different message from this was prepared for these pages, when on Tuesday, September 27, it was realized that "A Call" to the profession was near. Were we ready? Individually and spiritually, yes! But were we organized as we might have been? At the Biennial Meeting of the Canadian Nurses Association recently held in Halifax, it was shown that the enrolment for Emergency Service was less than two-thirds of what was considered essential. One speaker mentioned that the reason is that the younger generation of nurses are definitely opposed to war; another, that if the necessity arose the nurses of the Dominion would rally. Although the Emergency Enrolment is for *war* or *disaster*, the present juncture shows that war might have been disaster. Would we who are trained and ready to render service stop to question how or under what conditions a man, a woman, or a child was injured? Surely Nursing has

stood, since time began, for Peace, which includes physical and mental harmony and well-being. What other profession has such an opportunity?

May our experience of these past days urge every nurse who enjoys health and freedom from other responsibilities to enrol through her Provincial Registered Nurses Association for such emergencies as may arise and over which we realize we have so little control.

The work of any national committee —government or professional—might have been unnecessarily hampered by the limited number of enrolled members, had any medical assistance been offered to the Empire. *Will you not enrol now if you are able and free?*

Service and Scientific Competence

In an atmosphere of splendour unexcelled in its history, the University of Toronto recently conferred honourary degrees on ten distinguished representatives of various fields of endeavour. In this company, two women held places of high honour, one of them was The Lady Tweedsmuir, wife of the Governor-General of Canada, the other was Jean Isabel Gunn. As the long and colourful procession wound its way into the vaulted Convocation Hall, these two women walked side by side, wearing their magnificent scarlet and pink academic robes. The Lady Tweedsmuir was honoured not only as a historian and the author of many books, but also as "a helper of the women of the West". Miss Gunn received the degree of Doctor of Laws *honoris causa* because "she is a great nurse and a great educator of nurses". In presenting Miss Gunn to the Chancellor of the University, President Cody paid her this well deserved tribute:

The present day profession of nursing has been developed by four diverse influences: religion, war, science, and governmental care for public health. It has been an art, a vocation, and a profession. As an art it has ebbed and flowed with medical knowledge from the dawn of history to the fourth century; as a vocation from the beginning of Christianity to modern times it maintained sporadically a high level; as a profession it dates from about 1850 and has rapidly made history since that time. Indeed it has its future still in front of it. Nursing is now a profession protected and registered by the State and available for almost all the stages and needs of life.

It is fitting that this University should recognize the service and the scientific competence of this noble profession. To-day we seek to do so by conferring an honourary degree upon a great nurse and a great educator of nurses. We honour Miss Gunn, herself, and through her the profession she represents. A Canadian by birth, trained in New York, she has for twenty-five years directed the nursing of one of Canada's great hospitals (The Toronto General—the chief teaching hospital of this University) and has been superintendent of its nursing school. At home and abroad she has brought honour to her hospital and to her profession. She has won the confidence and respect of members of her profession in Canada and in other lands, and by their choice has been President of the Canadian Nurses Association and Vice-President of the International Council of Nurses. She has been a member

of the Grand Council of the Florence Nightingale International Foundation since its organization in 1933, and an adviser in nursing for our Canadian Red Cross since 1926. The Canadian Nurses awarded her the Snively Memorial medal; and the International Red Cross Committee of Geneva the Florence Nightingale medal, for outstanding work in connection with the Red Cross Society. The hospital and the nurses alike pay tribute to her power of organization; her progressive spirit; her soundness of judgment; her discipline compounded of humour, justice and strength; and her courageous leadership in upholding the highest ideals of the profession and in raising the standards of nursing education.

I now present to you Jean Isabel Gunn, Officer of the most excellent Order of the British Empire, Superintendent of Nurses at the Toronto General Hospital, to receive at your hands the degree of Doctor of Laws, *honoris causa.*

The Lady Tweedsmuir (right) and Miss Jean I. Gun (left) walking in the Academic Procession.
Courtesy of "The Globe and Ma

The universities of Canada have bestowed high honours upon nursing as a profession during the past year, and none of us could read, without a thrill of pride, the words spoken by Dr. Chipman when presenting Miss Mabel F. Hersey for the degree of Doctor of Laws, conferred by McGill University. The same note was struck by the President of the University of Toronto when he said: "It is fitting that this University should recognize the service and scientific competence of this noble profession" and it is upon the words *scientific competence* that we would like to place special emphasis. There has always been generous appreciation of the willingness of nurses to serve, and of the devotion displayed in that service. The realization of the value of scientific competence in nursing has come more slowly, and will be the more prized because it is not easily acquired but comes only as the reward of deep study, courageous experiment, and long practice. Women like Jean Isabel Gunn have been our path-finders in the steep upward climb. Thanks to their courage, patience and foresight, the crooked shall be made straight and the rough places plain.

Silver Anniversary

Twenty-five years ago Jean Isabel Gunn became superintendent of nurses in the Toronto General Hospital. Some quite important people thought she was much too young for the job and wondered why Sir Joseph Flavelle, who at that time was chairman of the Board of Directors, had made such a rash appointment. At a gala dinner, given by the Alumnae Association of the School of Nursing of the Toronto General Hospital in honour of her Silver Anniversary, Miss Gunn made open confession in the presence of eight hundred guests and of Sir Joseph himself. Here is the dark secret so jealously guarded all these years:

"When I put in my application to the Board of Trustees, I never expected to hear from it again. Then I received word to appear before the board. A candid friend said: 'Well, you're not going to Toronto in that hat. I'm sure the Board of Trustees is made up of men. If it were comprised of women it would be different.' I had no decent hat and no way of buying one, so the entire nursing staff combed the whole hospital, and I arrived in Toronto with the best hat in the hospital. I think the hat won Sir Joseph's heart!"

That hat ought to be preserved in our national archives, for it assured to Canada the possession of our best loved and most outstanding Canadian nurse. Probably its conservation is not possible, for we can only surmize that Miss Gunn returned it to its owner once it had achieved its nefarious purpose.

If this introduction seems frivolous it is not our fault. The occasion was so gay, so spontaneous and light-hearted that we just can't be solemn about it. The President of the University of Toronto, when conveying greetings to Miss Gunn, said that anniversary celebrations sometimes had an atmosphere of sadness because they foreshadowed retirement. "This anniversary," said Dr. Cody, "is not a full stop—it is only a semicolon,"—a remark which was greeted with a burst of hearty applause.

Before dealing with the formal programme we should like to try our hand at being a society editor. Who gave the party? Where was it? Who was there? How did she look? This sort of thing is not exactly up our alley but we will do our best. The Silver Anniversary Dinner was given at the Royal York Hotel under the auspices of the Alumnae Association of the School of Nursing of the Toronto General Hospital. Those responsible for its general direction were Miss Margaret Dulmage, president of the Association and Miss Agnes Neill, convener of the arrangements committee. The perfection with which every detail was carried out reflects the greatest credit upon them both, and upon all the members of the Association who were actively associated with them.

In honour of Miss Gunn's Scottish ancestry, the guests at the head table were piped in by Highlanders in full regalia. Leading the procession were Sir Joseph Flavelle and Miss Gunn, who wore a most becoming white lace gown and a magnificent corsage bouquet of mauve orchids. It must have been a source of deep happiness to her to know that her mother, now more than ninety years of age, was able to be present. Accompanied by two of her other daughters, Mrs. Gunn was the very embodiment of the beauty and dignity of a serene old age.

From our point of vantage, the scene was most colourful, and to prove that we are not unduly biassed, here is what

Helen G. R. Locke

the society editor of *The Globe and Mail* has to say: "Compliments to the nurses—the best dressed professional women, a reporter decided, after looking at the hundreds gathered to do honour to Miss Jean Gunn on the occasion of her Silver Anniversary".

Miss Dulmage, who acted as presiding officer with both distinction and charm, welcomed the guests and then came the presentation of greetings to Miss Gunn. First of all, came those of Sir Joseph Flavelle who spoke with emotion and earnestness of all that his long friendship with Miss Gunn had meant to him. Then Mr. E. C. Fox, chairman of the Board of Trustees of the Toronto General Hospital, expressed the high esteem in which she is held by the governing body. Dr. W. E. Gallie, Dean of the Faculty of Medicine of the University of Toronto came next in order, and mentioned the far-reaching influence of Miss Gunn's career which he described as "the most successful administration of a nursing service ever seen in this country."

When the President of the International Council of Nurses rose to speak she was given a most hearty welcome. It was quite evident that Dean Taylor took great pleasure in conveying to Miss Gunn the tributes of praise which had come from so many nations. In the course of a delightful address, Dean Taylor delivered messages from Dame Alicia Lloyd Still, Miss Ruth Darbyshire and Miss Beatrice Monk, all of Great Britain; from Miss Nina D. Gage, a past president of the International Council of Nurses; and from Miss B. G. Alexander, of South Africa. A message from Baroness Leopoldine van Hogendorp, president of the National Nurses Association of Holland, read as follows:

"Miss Gunn, I have the honour to collaborate with you on the commission for the revision of constitution and by-laws of the International Council of Nurses. In this ca-

pacity I have always been astonished at the amount of work you seemed able to do in the most impossible hours of the day. Between a late afternoon and an early morning meeting, with a dinner or some other social function in between, you managed to gather and sift all necessary information and to present it to us clear as a crystal, but also with a fairness which made it impossible for anyone to feel hurt. I often wondered how your neighbours would have fared during the dinner until I happened to be one of them. My admiration then mounted even higher, as the intricate protocol of an English dinner and the gay chatter going on, also had your full interest".

Best of all, we liked Dean Taylor's own tribute to Miss Gunn as a wise counsellor in international nursing affairs:

"Miss Gunn is one of the most happy "minglers" of whom I know. When things become stormy, and no one knows what action it is wise to take, and everyone is struggling to be heard, Miss Gunn, in a quiet manner, rises and says, "Madam President, I do not believe we have got the point at all. The real problem is much more vital and we seem to be missing it entirely." She then picks up the threads and usually ends by presenting a recommendation which "mingles" the ideas and brings clarity out of confusion".

At the conclusion of her address, Dean Taylor said, "We hope that you will celebrate your Golden Jubilee and that you will be a coming President of the International Council of Nurses". A gorgeous bouquet of red roses was then presented to Miss Gunn from the American Nurses Association, with greetings from its president, Miss Julia C. Stimson.

Then came the message of heartfelt admiration and affection of the Canadian Nurses Association, prepared by the President, Miss Grace M. Fairley, and delivered by Miss Elizabeth L. Smellie. In her usual happy vein, Miss Smellie said how pleased she was that her first official appearance as the new first vice-president of the Canadian Nurses Association should be upon such an auspicious occasion.

The last speaker to convey greetings was the President of the University of Toronto, who announced that the University would shortly confer upon Miss Gunn the honourary degree of Doctor of Laws, *honoris causa*, "and there is no one in the whole community who more richly deserves it", said Dr. Cody, in the midst of loud applause.

At this point there came a report of the programme which especially appealed to Miss Gunn. Miss Jean E. Browne, who is a past president of the Alumnae Association, said that in order to fill Miss Gunn's cup of happiness to the brim, a public tribute would be paid to the efficient and loyal members of her staff who have served for twenty years or more. Chief among these is Helen Glen Rae Locke, who for twenty-five years has been Miss Gunn's first assistant. Miss Browne made the penetrating comment that it requires nobility of character to play the role of second in command and pointed out that Miss Locke "seeketh not her own, but is jealous for the honour of her superior officer and of her School". Miss Esther F. Strachan, second vice-president of the Association then presented Miss Locke with an exquisite wrist watch and read the following address:

"On this happy occasion it is our privilege to do honour to you in this traditional manner of recording our respect and affection. For the hours which many of us shared with you in a personal way, we cherish pleasant memories. For the kindly guidance from which all of us have benefitted we have a

lasting gratitude. And for the loyal and competent execution of onerous duties the entire hospital is greatly indebted. The record you have established inspires this sincere tribute from your associates, your nurses and your friends".

The presentation came as a complete surprise to Miss Locke but she faced the microphone bravely and graciously expressed her thanks.

The names of the other members of the staff who have given twenty years or more of service to the Toronto General Hospital were cited by Miss Browne and include the following: Miss Elizabeth Purdy, Miss Juanita Dunbar, Miss Helen Kelley, Miss Margaret Brown, Miss J. Mabel Kniseley, Miss Margaret Balmer, Mrs. Margaret Dewey, Mrs. Caroline Burns (dietitian), Mrs. M. Lindsay.

Then came the climax of the whole celebration—the presentation to Miss Gunn by Mrs. Edward S. Jeffrey, first vice-president of the Association, of an illuminated address, an amethyst pendant, and a purse of gold. The text of the address follows:

"On this occasion of the twenty-fifth anniversary of your appointment as Superintendent of Nurses in the Toronto General Hospital, we, the members of the Alumnae Association of the School for Nurses of the Toronto General Hospital, wish to pay tribute to the admirable work that you have done, work which has brought distinction to the Toronto General Hospital, and for which you have deservedly received international recognition.

We have valued the ability, the integrity of character and the gifts of leadership which have contributed to your success. But it has been your high ideals, and your courage in carrying out those ideals that have called forth our deepest admiration. Such an example of courageous leadership will remain an abiding influence in our lives, and will encourage us to perpetuate the high professional standards that you have upheld. It is with a deep sense of personal indebtedness that we tender this expression of the loyalty and affection of many hundreds of graduates."

Though it was apparent that she was deeply moved, Miss Gunn's unfailing sense of humour did not desert her as she rose to acknowledge the tribute made to her. She began by telling a story about a negro woman at her husband's funeral who was so astonished by the flowery praise given to the deceased by the pastor that she said to her little boy: "Rastus, go look in that coffin and see if that really *is* your pa that he's talking about". After this characteristic approach, Miss Gunn spoke most feelingly of all who had been associated with her in her professional work, and shared with them the recognition accorded to her. A reception followed, which gave the guests an opportunity of greeting Miss Gunn personally, and thus there drew to a close this radiant Silver Anniversary. E.J.

IN THE FRONT LINE

So far, Canadian nurses have creditably fulfilled their obligation to the Florence Nightingale International Foundation and now that the Canadian Nurses Association has pledged its support for a further four-year period there can be no doubt that they will continue to do so.

In these troubled days, any friendly tie between the nations needs to be conserved and strengthened, and nurses, perhaps more than any other group, have achieved a measure of international solidarity. It may well be that, over and above the intellectual resources which such a Foundation makes available to the nurses of the world, it may offer them something even more precious,—an opportunity to know, to understand, and to respect one another.

The following appeal has now been addressed by Miss Kathleen I. Sanderson, chairman of the Florence Nightingale Memorial Committee of the Canadian Nurses Association, to the provincial conveners who in turn will present it to the members of the nine provincial Associations of Registered Nurses:

It was in 1933 that the International Council of Nurses, in conference in Paris, decided to establish and maintain a permanent International Memorial to Florence Nightingale in the form of an endowed trust for post-graduate nursing education and the maintenance and development of facilities for post-graduate education for selected nurses from all countries. In that same year, upon request of the I.C.N., the nurses of Canada, along with nurses in twenty other countries, pledged financial support to the Foundation for a period of five years. This pledge was completed this year and Canada has never defaulted. At the Biennial Meeting of the Canadian Nurses Association held in Halifax this summer, following information received from the Treasurer of the International Foundation, very full discussion took place as to its future, and the following resolution was passed:

"Whereas the Canadian Nurses Association has completed the five-year pledge towards the support of the Florence Nightingale International Foundation, and whereas it is desirable that this support be continued, therefore, be it resolved, that the pledge of financial support be renewed for a further period of four years, this to be up to and including 1942, with the hope that before that time is expired, steps will be taken to the end that the Florence Nightingale International Foundation will drop the idea of promoting a course of its own, and in place of that will work directly through some school, or college, or teaching department of nursing in London, because the purpose of the Florence Nightingale Foundation is to promote advanced study of nursing and nursing education".

So we again appeal with confidence to each of the Provincial Associations of Registered Nurses in Canada for a continuance of your whole-hearted support. These extracts from *The Times* reflect the spirit of the woman whose memory this Foundation honours:

"The life and work of Florence Nightingale will remain forever a beacon of the profession of nursing. Miss Nightingale did not, as is sometimes said, create the nursing profession; that was done in large measure by the Christian Church. But she reformed it and remade it, giving it a new direction and a more lively inspiration. Miss Nightingale believed in training as the only means to efficiency in the nursing profession. The Memorial will emphasize the place of study in the nurse's preparation for her work, a preparation which begins rather than ends when she has completed her early training".

Other countries which are contributing to the Foundation are Belgium, Czechoslovakia, Denmark, Finland, France, Great Britain, Greece, Iceland, India, Eire, Japan, Latvia, Netherlands, New Zealand, Norway, Phillipines, Poland, South Africa, Sweden, United States, and of all these, Canada should be in the front line.

Billy and his Family

HUILOTA S. DYKEMAN

Director, Public Health Nursing Service
New Brunswick Department of Health

Miss A., the school teacher, had just finished calling the roll and had started the Grade 5 arithmetic lesson. Remembering that the "hygienic arrangement of the programme" called for difficult subjects early in the day when minds were keenest, she wondered if it really made any difference to Billy B. when he had arithmetic or any other subject for that matter. And then there were Clark C. and Dotty D. and a half dozen others for whom the learning process seemed an awful burden. There must be something wrong. However, the health officer with the public health nurse would soon be around and perhaps she could get some further light on the apparent lack of interest and effort on the part of some of the children. Billy B. was definitely slowing up and sometimes actually became a problem in his behaviour towards her and other members of the class.

When the health officer examined Billy B. this is what he found: an eleven year-old boy of average intelligence, poor posture, poor nutritional status, four decidedly defective teeth, with the accompanying dirty mouth. Bill also showed signs of chronic fatigue in his constant restlessness, lack of interest and inability to concentrate. Moreover, Bill's skin did not present a picture of the kind "you love to touch" and the atmosphere in his immediate vicinity would have made the soap advertisers feel ashamed of their years of high pressure salesmanship. However, Billy B. at eleven years of age was going to get a lesson in another kind of salesmanship which included many more personal elements besides the use of soap.

Said the doctor to the public health nurse, "Miss W., you have seen the teacher's report, you have mine. This boy can be helped, I think, but his problem is primarily a health one and needs close follow-up. Will you please call at the home and do what you can to have the boy's needs taken care of." And so with that, Billy's past, present and future were thrust into the hands of the keen, young public health nurse.

"Now what can be the matter with this family," said Miss W. to herself. "It has been on my inactive list for two years when the last baby became two years old. Oh! well, nowadays one never knows. Anyhow my job right now is to get Bill into better physical condition and cleaned up. In the dual process, perhaps his attitude towards his school work will change and maybe, by working together, we can get him into the next grade. And to think he was no problem in the lower grades!"

Planning her work for the next day, Miss W. went over the past record of the B. family. Her last contact showed there were the father, age 32, labourer; mother, age 30; Billy, then 9; Mary, 7; Jane, 4; the baby Tom, 2 years old. There had been no particular health problem in this family and Miss W. had made routine visits to the home to supervise the baby's care and give the mother general advice as part of her generalized public health nursing programme. The mother was intelligent, pleasant, co-operative, decidedly old-fashioned in her adherence to some health practices, but was hard working and clean, considering the amount of work she had to accomplish and the equipment at her disposal.

She had known little about the proper preparation of food and food values and this had been the public health nurse's chief problem, especially teaching her how to spend her small income to the best advantage. The three children had started to school in good physical condition and had apparently done well so far.

The next afternoon, in reply to Miss W.'s knock on the B. family's back door, a man's gruff voice called "Come in." Mr. B. had never been at home when Miss W. had called in the past, as he had always had fairly steady work. Now he said he had been out of work for three months, and during the last two years he had only had an occasional period of work never longer than two weeks at a time. They had had to apply for relief but even that had been cut off recently. They were in debt to the grocer, back in their rent and there was no hope of immediate work. Moreover, Mr. B. said he had been sick, "guessed it was the flu" and he had a cough he could not shake. It was plain to be seen that he was worried and depressed and bitter toward society in general.

During the conversation Mrs. B. returned with Tommy, now four years old. She had been trying to obtain some food from some friends who had helped her during the last two years. She presented much the same picture as her husband and Miss W. also noted that she was much thinner and actually dirty in appearance, which was a shocking change from her former self. At first she was reticent and reluctant to talk of their present plight. Much of her old spirit was gone and it was evident that the pride of both this man and woman had been considerably hurt. The once tidy little home was dirty and unkept, dishes from the last scanty meal were piled on the one table, the stove was caked with months of spilled food and ashes and it was a long day since the cooking utensils had seen a scouring. This small frame house had four rooms, a kitchen and 'parlour' on the first floor and two bedrooms upstairs and had in the past always been clean and tidy.

Careful questioning by Miss W. brought out that the urgent need at the moment was food. Mrs. B. was especially worried about the children not having the food they needed and much to Miss W.'s satisfaction showed that her teaching in nutrition had brought results. At this visit Miss W. did not take up the question of Bill and his special problems. She let the father and mother 'talk it out' and promised to do what she could about getting milk for the children and some other food. This was not to be had for the mere asking, however. It took more than one trip to the relief office and considerable work on the special committee of a local voluntary agency to get extra milk before the family's food supply was augmented, Miss W. knew the family well enough to realize that once their own self-respect was re-established (and this was going to be difficult unless the father could secure work), she would be able to get their co-operation in other things.

Going back two days later she found the parents grateful for the food and clothing which had come. Things were considerably cleaner but not yet back to old standards. This time she broached the subject of Bill and suggested the steps to be taken to remedy tthe conditions found by the school doctor. Dental treatment, since there was no free service, would have to be secured by Miss W. from one of the local dentists who would take the occasional child, in an emergency, whom she recommended. There would need to be closer parental control of Bill and the mother promised to see that his acquaintance with soap and water was more thorough and fre-

quent. Also the realization that someone was taking a special interest in him would go a long way to help in solving Billy's other problems. Incidentally the other two children in school would benefit from Billy's experience.

Things seemed to be shaping up a bit and about a week later MissW. called at the home for further check-up. This time she found Mr. B. huddled close to the kitchen stove with a severe pain 'in his left ribs' as he put it. Miss W. took his temperature, closely questioned him and decided the sooner they had the doctor the better. To the nearest store she fled to telephone, and after talking to the doctor who had not been called to the home since Mrs. B.'s last confinement, she secured his promise to visit Mr. B. The doctor's verdict, as Miss W. had dreaded, was pleurisy. This meant that the family would go immediately into her tuberculosis suspect files and as such, would need more careful supervision than ever. After the acute attack was over she got Mr. B. with the doctor's consent, to attend the health officer's tuberculosis clinic which was held once a month in that town. The health officer asked to have all the family brought in for examination and X-ray. No active tuberculosis was found but the three older children showed evidence of childhood tuberculosis, and that meant additional need for good public health nursing which among other things included regular check-up at the tuberculosis clinic.

Towards the beginning of the summer Mr. B. managed to get part-time work through the influence of Miss W., that would not overtax his strength. Billy was now beginning to show considerable improvement both in his physical condition and in his school work but this had not been obtained without continual work on the part of the teacher, the nurse and Billy's parents. The general tone of the family had picked up and with summer coming things seemed decidedly brighter. However, things were not going to work out quite as easily as she had hoped, because, on her next visit to the home, she found that Mrs. B. was again pregnant and so there was another problem to be carefully handled and seen through to its conclusion.

"Anyhow," said Miss W. as she went wearily over the history of the work she had put on this family, "we have given four children a better start in life than they would have had without our friendly supervision and they now have a chance for normal growth and development. We are working to save the family from contributing to our already too high tuberculosis problem and in order to do this we shall have to save it from becoming derelict. If we do this we will be saving the town heavy expense in years to come but it's hard to make them see that unless you can jingle the money in their ears!"

This is only one of the dozens of health problems that the public health nurse must meet and be prepared to deal with from day to day. Nor are the many difficult and trying small details which are part of every situation accounted for here. The patient teaching of personal hygiene, home sanitation, child care, food values and the family's own responsibility, in the case of tuberculosis or any other communicable disease towards the community are the daily task of the public health nurse. As shown here only when this work is done on a family basis is it of any lasting value to that family or to the community.

EDITOR'S NOTE: In its original form, this article was first published in *The Telegraph-Journal and The Evening Times-Globe*, Saint John, N.B.

Metrazol Therapy for Schizophrenia

Travis E. Dancey, M.D., *and* Inez E. Welling, Reg. N.

Verdun Protestant Hospital, Montreal

One hundred years ago, Burrows utilized camphor for the production of convulsions in psychotic individuals. Although one patient recovered, he later relapsed and the method was practically forgotten. A few years ago, Meduna of Budapest, noting the dissimilarity between schizophrenics and epileptics and the rarity with which both diseases were present in the same person, began searching for a relatively harmless drug, which would produce seizures when administered; he thought convulsive seizures artificially induced might modify schizophrenic symptoms. After preliminary animal experimentation with intramuscular injections of camphor in oil, he began treating schizophrenic patients. He later found cardiozol (metrazol) to be preferable and since 1933 has treated a large number of patients with remarkable success.

When one realizes that one-fifth of the beds in all the hospitals in Canada are given over to the care of schizophrenics, and that Albert Deutsch, (author of "The Mentally Ill in America",) after a prolonged and careful study came to the conclusion that only six per cent of these individuals recover, the gravity of the problem is manifest.

At the Verdun Protestant Hospital we first began convulsive therapy for schizophrenia in September 1937, and at that time employed the technique described by Freidman of Ossining, N. Y., given us by a personal communication. This consists of intramuscular injections of camphor in cotton seed oil for a period of three weeks, followed by intravenous injections of a 10 per cent solution of metrazol until the patient has had at least twenty major convulsions. Of late we have discontinued the use of camphor and are content to produce the requisite number of convulsions by means of metrazol alone.

This drug is available in 3 c.c. ampules and in powder form. The latter is less expensive and when prepared in a 10 per cent solution is very satisfactory. Our method is to have the powder carefully weighed and dissolved in the requisite amount of sterile, distilled water, filtered and autoclaved for 15 minutes. Under aseptic conditions the solution is syringed into 10 c.c. rubber-topped bottles and sealed with collodion. These bottles are first prepared by washing in green soap, rinsing and boiling, finally rinsing in sterile distilled water and autoclaved. The bottles are then labelled and stored in the icebox to be used as required. We usually make up a sufficient amount to last one week. By using this method there is practically no waste as there is when an ampule has been opened and partly used, then discarded.

Prior to the administration of metrazol, it is important that the patient be in good physical condition. On the morning of the initial injection the patient is given no breakfast and is kept in bed in as quiet a state as possible. The skin is prepared over the median vein of the forearm and 5 c.c. of the metrazol solution injected as rapidly as possible through a No. 18 gauge needle. If the desired reaction occurs, it consists of the following: ten to twenty seconds after the injection the patient usually coughs and a terrified expression appears on the face; there are then a few severe clonic con-

tractions followed by the tonic phase which is always ushered in by a wide yawn. Sublaxation of the jaw has been noted as a rarity. This phenomenon is made use of for the insertion of a mouth gag since almost immediately the jaw closes with great force and, otherwise, damage may be done to the tongue. After thirty to fifty seconds, the tonic phase is replaced by further severe clonic spasms which rapidly disappear leaving the subject in a deeply unconscious state. There is usually marked pallor, followed by cyanosis. The patient gradually awakens in from five to thirty minutes but is very confused for a time. The actions are similar to those seen in an epileptic after a convulsion and vary from a helpless confusion to actual violence. Nausea and vomiting occur but by no means in every instance, some patients being ravenously hungry. Rest in bed for three or four hours after the convulsion is essential.

If 5 c.c. is not enough to produce the desired major seizure, a *petit mal* attack may take place and is usually followed by a terrified confused state in which the patient may injure himself or others unless watched. If the above occurs, then the following day 6 c.c. of the solution is given, increasing 1 c.c. daily until a major seizure is produced. One of our patients required 9 c.c. before a convulsion occurred and then gradually developed a tolerance until finally 14 c.c. was necessary. This relative tolerance is seen in practically every case. A day of rest is given following a convulsion when the patient should be dressed and, if possible, receive any benefits the hospital has to offer along the lines of occupational therapy. The contraindications for treatment are (1) elevation of temperature or intercurrent illness; (2) menstruation.

Aseptic preparation of solution

The majority of these patients who have received metrazol therapy were very difficult to nurse before treatment. Many of them were hallucinated and because of this were noisy and violent. Others were mute and negativistic. Some were depressed, stubborn and resistive, and frequently incontinent. Most of them slept poorly and required large doses of sedative. One patient in particular complained bitterly of frightful dreams, which appeared nightly. Some of the stuporous patients refused to eat or even take water; their throats were parched and they suffered from a degree of malnutrition although they were tube fed daily. The retention in the month of saliva in the stuporous schizophrenics

with attendant dangers, risk of infection, etc. is difficult to combat by the nurse; the betterment in this condition alone caused by treatment is important for the patients' welfare.

After the first few treatments improvement appeared and progress demonstrated by the following observations of the ward nurses:

The patients began to eat immediately and ravenously when food was placed before them and therefore rapidly gained weight.

They became progressively cleaner in their habits. At first it was necessary to take them to the lavatory, later they went of their own accord.

They then began to show some interest in their surroundings, and their personal appearance. They asked for baths, bathed themselves, combed their own hair and cleaned their teeth. They also began to show an interest in those about them.

They began to talk to the other patients and to the nurses, whereas formerly they were antisocial.

When given magazines, they showed an interest in the pictures and illustrations.

They then asked for and apparently read the newspapers and magazines.

They gradually developed a more cheerful outlook on life in general. For the first time they were willing to admit the possibility of recovery and their ability to return to their outside interests again.

They finally became fully co-operative with all nursing procedures so that nursing difficulties have been minimized.

The following is an extract from a letter from a patient receiving treatment at the present time, having already had fifteen major convulsions:

To begin with, I'll tell how I felt before I had any treatment. I was very quiet, never felt like doing anything at all. I was always sleepy, never felt like talking to anyone. I was a complete washout, why even singing, I cut out. I stopped going to see my girl friends; even shows I didn't care for; however, all that is changed since I have had my treatment. Let me start at the beginning. I naturally dread the doctor coming up in the morning but once he gets here, I don't put up a fight because I know it's no use so I just give right in. The first thing I feel when the doctor gives the treatment, is the needle in my arm, and my fists closing tight, also my eyes, then I get the queerest sensation through my body. When I get up, I am in a daze for a while. I don't know where I am. I feel nauseated. I vomit. After that I feel much better. Now that tells you how the treatment makes me feel. Now I will tell you, what the treatment has done for me. I said in the beginning how quiet, sleepy and altogether hopeless I was, well, all that is completely changed now. I feel a hundred per cent better. It's pretty hard to tell exactly how I feel, because I feel very normal. I always feel like talking, singing, whistling or laughing, whatever the case may be. This is just when necessary of course. I have a much pleasanter disposition and I am easier to get along with. I feel altogether better. Another thing is my strength. I have much more energy and I always feel lively. I feel just as good as I did last Summer, if anything, better, and I hope I will be able to go home very soon.

To sum up — in spite of the fact that this treatment has only been carried out for a period of seven months, it is encouraging to realize how it has altered the picture from one of difficult nursing and seeming hopelessness to one of comparatively easy nursing, and hastened restoration to a normal living.

THE EDITOR'S DESK

"Preparation and Peace"

The leading article in this issue of the *Journal* conveys an appeal made by the President of the Canadian Nurses Association to the nurses of Canada. She asks that we signify our willingness to serve in case of either war or other disaster and that we enrol in an orderly manner so that we may be located easily if our services are needed. If you will turn to *Notes from the National Office* in this issue of the *Journal* you will find, under the caption of "Emergency Preparedness", a clear explanation of the functions of the National Joint Committee on Enrolment of Nurses for Emergency Service. It is by means of this Committee that we can be summoned, without confusion or delay, when an emergency arises.

The President makes it very clear that we cannot ignore this call because we do not believe in war. Peace-loving people do not go to war. Modern warfare seeks them out, in the places where they work, on the streets, in their schools, in their homes. No one is safe; old people, women and children, least of all. There is no choice about "going to war" any more and very little warning. *War comes where you are.* All that can be done is to prevent and to mitigate suffering as far as medical and nursing skill permits. That is our high privilege and, if we choose not to exercise it, by that very choice we cease to be nurses at all.

The Nightingale Foundation

Two pages in this *Journal* deal with two different aspects of the Nightingale International Foundation. One of them announces the conditions under which the scholarship offered annually by the Canadian Nurses Association is awarded. The other is devoted to an appeal for the funds which make that scholarship possible. Every year, the educational opportunities available under the auspices of the Foundation broaden in scope and increase in value. Who aspires to be "Canada's International" in 1939? The best nurse we have is none too good for she must hold her own in a picked group selected from the nations of the whole world.

Readers' Guide

In "Billy and his family", Miss Huilota S. Dykeman combines a keen appreciation of social values with distinct charm. In spite of the lightness of touch, this article is nevertheless a searching indictment of our present social order. △ Some of the most stimulating and original articles which have recently appeared in this Journal have been written by physicians and nurses who care for the mentally ill. In this issue, Dr. Travis E. Dancey, medical superintendent of the Protestant Hospital, Verdun, and Miss Inez E. Welling, superintendent of nurses, describe in a most interesting manner, the use of metrazol in the treatment of schizophrenia.

Fraudulent Agent!

The *Journal* has received word that a fraudulent "agent" is soliciting subscriptions for *The Canadian Nurse* in the Maritime Provinces. He falsely claims to be a representative of the MacLean Publishing Company and offers the *Journal* at "a special reduced rate of $1.00 per year". Once more we repeat that old refrain: *The Canadian Nurse* employs no "agents" and offers no "bargains". Give no money to these impudent impostors and notify us at once if you are approached by them.

APPOINTMENTS

Miss Myrtle MacMillan has recently accepted an appointment as superintendent of the McKellar General Hospital, Fort William, Ontario. For the past nine years Miss MacMillan has been superintendent of the General Hospital, Glace Bay, Nova Scotia, and under her capable direction, both the hospital and the school of nursing have made great progress. During the Great War, Miss MacMillan served in several zones, including France, Belgium and Egypt. She was mentioned in despatches and received the A.R.R.C. medal. Shortly after her return to Canada she was appointed Matron of the Ste. Anne de Bellevue Military Hospital. Miss MacMillan holds the certificate, granted by the McGill University School of Nursing, in administration in hospitals and schools of nursing. She is a woman of many interests, including golf, gardening, and music.

The McKellar General Hospital is a rapidly growing institution in an important city and now has 225 beds. Its directors are to be congratulated upon securing the services of such a capable administrator.

VICTORIAN ORDER OF NURSES

TRANSFERS:

Miss Christine MacArthur, transferred from Fredericton to Huntsville; Miss M. Anderson, transferred from Toronto to Guelph; Miss Rolande Blais, transferred from Border Cities to Kirkland Lake; Miss Edith Railton, transferred from York Township to Fredericton; Miss Helene Snedden, transferred from Montreal to Hamilton; Miss Amy Holden, transferred from Halifax to Newcastle.

ADMISSIONS:

Miss Mona Kissack, appointed to Chatham; Miss Lois Black, appointed to York Township; Miss Della Thompson, appointed to East York.

RESIGNATIONS:

Miss Margaret Perley, resigned from York Township; Mrs. E. V. LeBlonde, resigned from Kirkland Lake; Miss Annie J. Anderson, resigned from East York; Miss D. LaBrosse, resigned from Lachine; Miss Okal Mather, resigned from Huntsville; Miss Claire Rochez, resigned from Lachine and on leave of absence from the Victorian Order of Nurses for Canada; Miss Elizabeth Reed, resigned from Newcastle Branch and on leave of absence from the Victorian Order of Nurses for Canada.

HONOURED BY ACADIA

Not long ago, Acadia University, situated in Kentville, Nova Scotia, celebrated its hundredth anniversary. To mark the historic occasion, honourary degrees were conferred upon several distinguished graduates, among them being Laura Rebecca Logan, a Canadian by birth, although her professional career has been spent in the United States. Miss Logan has served successively as Director of the School of Nursing of the University of Cincinnati, Dean of the Illinois School for Nurses, superintendent of nurses in the Cook County Hospital, Chicago, and is now director of the School of Nursing of the Boston City Hospital. In all these responsible tasks Miss Logan has displayed executive ability of a very high order. Furthermore, she has consistently and courageously upheld good standards in nursing education.

ANNUAL MEETING IN ALBERTA

This year the Alberta Association of Registered Nurses decided that its annual three-day convention should take the form of a refresher course as well as that of a business meeting. Accordingly, on the morning of October 5, seventy-five registered nurses arrived from far and near at the Provincial Mental Hospital, Ponoka. They had come in the de luxe chartered buses to attend lectures and clinics arranged by the medical and nursing staff of this Institution. We were welcomed by the superintendent of nurses, Miss C. Jackson and the medical superintendent, Dr. McLean and conducted on a tour through the institution. In the spacious staff dining room a delicious and substantial luncheon was served and much enjoyed and the afternoon was devoted to psychiatric clinics with presentation of cases. This commenced with a talk outlining the common types of psychotic states by Dr. McLean, followed by a concise description of schizophrenia, ably done by Dr. McGugan who, without causing apparent embarrassment to the patient, presented four typical cases. In turn the same thing was done for three other conditions, namely, catatonic, paranoid and hebephrenic, by Dr. McPherson, Dr. Hamilton and Dr. Pearson. These were most instructive as well as impressive. We were much interested in the schizophrenic patients since we had been permitted to watch the effect, demonstrated by Dr. Schragg, of two recently introduced types of treatment, namely, insulin shock and metrazol. These demonstrations were conducted without confusion or delay. Surely the wheels of the organization are kept oiled to produce such smooth teamwork.

We proceeded to Calgary that evening carrying away memories of delightful hosts. The second morning was spent listening to illustrated lectures by three medical experts from the southern part of our Province, Dr. H. H. Stephens, Dr. E. P. Scarlett and Dr. A. Somerville. All were stimulating. Dr. Scarlett paid a real compliment to the nurse when he referred to her intellectual curiosity and expressed satisfaction that the doctor-nurse relationship is becoming 'a disinterested partnership on a scientific basis.' His survey of heart disease made us wish to hear him again, —soon!

Kate S. Brighty
President, Alberta Association of Registered Nurses

Miss Agnes Macleod, Director of the School of Nursing, University of Alberta and Adviser to Schools of Nursing in Alberta gave a most interesting report on the work of the Inspection Committee. Encouraging features noted

in Alberta Schools of Nursing include: (a) An increase in the number of qualified instructors and in the size of the general duty graduate staffs. (b) One school has limited the ultimate number of graduates by admitting only one class yearly rather than two classes. Considerable discussion relating to the *Proposed Curriculum*, clinical teaching in schools of nursing and continued exploitation of students in hospitals, grew out of this report, the first to be received from Miss Macleod, and a very significant one. Later, a resolution proposed that our School of Nursing Adviser be requested to confer with hospital boards and medical superintendents to seek their co-operation in the establishment of principles of education in our Schools as outlined in chapter 7 of the *Proposed Curriculum*.

Much work has been done during the year by the Legislation Committee. Compulsory registration of nurses throughout the Province and the elevation of admission standards are two matters under consideration.

We were indebted to Dr. Sansom of the Calgary Normal School for the address entitled "A Theory of Morals", delivered at a luncheon arranged by the Calgary Graduate Nurses Association. The Alumnae Association of the School of Nursing of the Calgary General Hospital arranged a delightful tea at the Red Cross Hospital, where we had an opportunity to see the splendid work that is being carried on in that institution.

Our President, Miss Kate Brighty gave a most interesting report of the Biennial Meeting of the Canadian Nurses Association and made us regret anew our absence from that assembly. We are glad that we again have Miss Brighty as our President since few can so clearly analyze or as keenly appreciate our particular problems, nor so readily find solutions for them. It is hoped that each delegate and each member returned home with greater determination to accept and meet the challenge of nursing in general and of her own 'job' in particular.

JEAN DAVIDSON

OBITUARIES

MARGARET KENNEDY FINLAYSON, a member of the graduate staff of the Brandon General Hospital died recently after a long illness. Miss Finlayson was a graduate of the School of Nursing of the Brandon General Hospital and a member of the Class of 1917. She was a valued member of the Brandon Graduate Nurses Association and was respected and beloved by her associates.

ELIZABETH BERRY, a member of the Class of 1928 of the School of Nursing of St. Paul's Hospital, Vancouver, died on August 12, 1938, after a short illness.

ISABELLE INNES, a graduate of the School of Nursing of the Chemainus General Hospital, died on August 18, 1938. Miss Innes served overseas from 1915 to 1918 during the Great War.

WINNIFRED (CROSSLING) THEW, a member of the Class of 1927 of the School of Nursing of the Vancouver General Hospital, died recently.

Notes From the National Office

Contributed by JEAN S. WILSON,
Executive Secretary, The Canadian Nurses Association

Executive Committee

A meeting of the Executive Committee of the Canadian Nurses Association was held in Vancouver, B. C., on September 24, 1938. The members present were: the President, Miss Fairley, in the chair; the chairmen of the National Public Health and Private Duty Sections, Miss Kerr and Miss Teulon; the chairmen of the Provincial Nursing Education and Public Health Sections, Miss Cavers and Miss Henderson; and the honorary secretary, Miss Kathleen I. Sanderson.

Following the General Meeting, the Standing and Special Committees had not yet become active, consequently progress reports from Committees were not available.

Miss Marion Lindeburgh, convener of the National Committee on Education, (C. N. A.), was appointed to represent the Association on the International Committee on Education (I.C.N.).

Interim reports from several provincial associations indicated some activity during the summer months: In *Alberta* arrangements were underway for a combined Refresher Course and Annual Convention, the former to be held at the Ponoka Provincial Hospital, and the Annual Convention, immediately following, in Calgary. In *British Columbia* plans were about completed to have a small travelling unit visit certain areas in the Province to assist nurses in remote places to see demonstrations of newer methods of nursing technique, also to become informed of the activities of the Provincial and National Associations. In *Prince Edward Island* preparations were being made for a Refresher Course. Since January 1, 1938, a twelve-hour duty for graduate nurses instead of the twenty-four-hour duty proved satisfactory. An eight-hour duty for student nurses in the Charlottetown Hospital went into effect on September 15, 1938. The Association of Registered Nurses of the Province of *Quebec* announced the award of two scholarships of $300.00 each; one to Miss Lillian Pettigrew to the School of Nursing, McGill University and one to Mlle Marguerite Fournier to l'Ecole d'Hygiène sociale appliquée in connection with l'Université de Montréal. In *Saskatchewan* the Registrar and School Adviser has accepted appointment as lecturer on the staff of the University of Saskatchewan and in charge of the Department of Nursing at the University.

In the light of correspondence between the president of the Canadian Nurses Association, the president of the Registered Nurses Association of Ontario, and the chairman of the local arrangements committee for the International Hospital Congress in Toronto, September 1939, the Executive Committee reconsidered a decision made at a previous meeting. As the Registered Nurses Association of Ontario was able and willing to co-operate and to organize a pageant as proposed by the Local Arrangements Committee, the Executive Committee recorded its willingness to sponsor the pageant. The arrangements committee had assured the national Association that funds would be

available to permit of a production that would do justice to the nursing profession and to the importance of the event.

As the annual meeting of the New Brunswick Association of Registered Nurses was held on September 20 and 21, a report of that meeting could not reach Vancouver for the Executive Meeting. From the report of the Secretary, Miss Retallick, addressed to the National Office, the editor has prepared a news story of the annual meeting in New Brunswick which appears elsewhere in this issue.

Emergency Preparedness

The National Joint Committee on Enrolment of Nurses for Emergency Service represents the Canadian Red Cross Society and the Canadian Nurses Association in the endeavour to have an orderly and ever ready system of enrolment of nurses for any emergency. Early in 1927, representatives of these two national organizations conferred with the Director General of Medical Services in Ottawa, then later a plan of enrolment was drafted, which received the approval of the Federal authorities. Enrolment is promoted through the co-operative effort of the Provincial Associations of Registered Nurses and the Provincial Divisions of the Canadian Red Cross Society. Each year the provincial lists of nurses who have indicated their willingness to be ready for emergency call are forwarded to the National Office of the Canadian Red Cross Society. The latter then compiles a complete list of all volunteer nurses which is sent to the Department of National Defence. This arrangement should assure the authorities, responsible for securing nurses for any emergency, an adequate, efficient nursing service.

During those world-wide anxious days of late September, the members of the Executive Committee of the Canadian Nurses Association were gravely concerned as they recalled the incompleteness of the organized enrolment of Canadian nurses for emergency service. The biennial report (1938) of the National Joint Enrolment Committee clearly revealed the lack of support to the Enrolment Plan by the members of the Provincial Associations: the report stated total enlistment to be less than two-thirds of the agreed quota.

Due to the seriousness of the situation, the President, Miss Grace M. Fairley, was ready to call an emergency meeting of the Executive Committee of the Canadian Nurses Association, when the result of the Munich Conference was made known. The President states that the result of such an emergency meeting would undoubtedly have been the re-iteration on the part of the Canadian Nurses Association to the Government of its willingness to serve, if necessary, and reminding the Department of National Defence of the permanent enrolment of nurses for emergency service under the National Joint Enrolment Plan.

The leading article in this issue is a message from the President which should awaken in each nurse her individual responsibility toward the organised plan by which Canada should be able to depend upon her nurses in any emergency.

The National Joint Committee on Enrolment (1938-1940) consists of the following representatives appointed by the Canadian Red Cross Society: Mrs. H. P. Plumptre, Dr. J. T. Phair and Miss Jean E. Browne, of Toronto; those appointed by the Canadian Nurses Association are: Miss Grace M. Fairley, President of the Canadian Nurses Association; Miss Isabel McEwen, Miss Irene Weirs and Miss Edna Howey, of Toronto.

Co-operative Effort

The Canadian Nurses Association acts jointly with the Canadian Red Cross Society in the Canadian Florence Nightingale Memorial Committee. This committee is the instrument by which Canada becomes a participant in the Florence Nightingale International Foundation; a memorial to the Founder of Modern Nursing. The Committee was first organized in 1936. Its duties were enumerated in these *Notes* in the September number of the *Journal*.

Representing the Canadian Red Cross Society on the Committee for 1938-1940 are: Mrs. H. P. Plumptre and Miss Jean Gunn, Toronto, and Mrs. D. J. Thom, Regina, Saskatchewan. The Canadian Nurses Association's representatives are: Miss Ruby M. Simpson, Regina (chairman); Miss Grace M. Fairley, Vancouver; Miss Elizabeth L. Smellie, Ottawa; and Miss Jean S. Wilson, Montreal, (secretary-treasurer).

C.N.A. Nightingale Memorial Committee

At each biennial meeting, the Canadian Nurses Association appoints a Florence Nightingale Memorial Committee which is responsible for raising of funds in support of the Florence Nightingale International Foundation as pledged by the Association. The Committee consists of a convener and a representative of each Provincial Association. It is hoped the personnel for 1938-1940 can be announced in the next issue of the *Journal*.

Nightingale Memorial Fund

A donation to the Florence Nightingale Memorial Fund has been received from:

Graduate and Student Nurses, The Ontario Hospital, Kingston $30.00

ANNUAL MEETING IN NEW BRUNSWICK

The twenty-second annual meeting of the New Brunswick Association of Registered Nurses was held on September 20 in the Admiral Beatty Hotel, Saint John, with the president, Mrs. G. E. van Dorsser, in the chair. The total registration of delegates numbered 148. Greetings from Miss Grace M. Fairley, president of the Canadian Nurses Association, were enthusiastically received, and many messages from absent members were also read. A hearty welcome was extended by His Worship Mayor MacLaren and was graciously responded to by Miss MacMaster.

The report of the Secretary-Treasurer-Registrar was presented by Miss Retallick, and reflected the numerous activities of the Association. In January of this year, 661 members were in good standing, and 602 members had already paid their fees for 1938. The auditor's report showed the finances of the Association to be in a prosperous condition.

During the last twelve months, Miss Retallick visited twelve of the schools of nursing in the Province. Great interest is being shown in the study of the *Proposed Curriculum* and an effort is being made to put its recommendations into practice as far as circumstances permit. Ten schools employ full-time instructors, five of whom have graduated from special university courses;

five hold teachers' certificates and have had experience in public schools. Graduate dietitians are on duty in five schools, and one school has remodelled its dietetic department. More graduate nurses are being employed for bedside nursing, and ward helpers have been placed on duty in the wards of two hospitals.

One school has the eight-hour day for student nurses already in operation, and another expects to adopt it before the year is ended. Two new residences have been opened during the past year but increased accommodation is plainly the need in other centres. Teaching hours have been increased and methods have improved. The addition of the visual method by the use of films has been noted, and text and reference books are receiving close attention. Affiliations are maintained with hospitals in Montreal which offer courses in contagious disease, obstetrics, gynecology and pediatrics. The Tuberculosis Hospital in East Saint John offers a valuable affiliation in this branch of nursing.

Excellent reports of the Biennial Meeting of the Canadian Nurses Association were presented by the three official delegates, Misses B. M. Hadrill, Mabel McMullen, H. T. Morrill.

The report of *The Canadian Nurse* was presented by Miss Lois Smith, convenor of the Committee. Recommendations for increasing support were: (a) that the Secretary-Registrar should send out leaflets on the order of the "Live Wire" type to all nurses who receive provincial registration and membership; (b) that each member who is already a subscriber should endeavour to secure another subscriber. These suggestions were approved. The reports of the various Chapters showed a wide range of activities and were presented from Fredericton, Moncton, Saint John, and St. Stephen.

The evening session took the form of a delightful dinner held at the Ridgewood Golf Club. The guest speakers were Dr. A. S. MacFarlane, Chief Superintendent of Education of the Province, who spoke on modern trends in education, and Dr. J. M. Barry, Chairman of the Examining Board, who spoke on the eight-hour day for nurses.

Comprehensive reports were received from the three sections. Sister Kerr, convener of the Nursing Education Section, indicated that progress was being made in education throughout the Province. Miss Redmore, in the absence of the convener, Miss Kathleen Lawson, presented the report of the Private Duty Section. This advocated refresher courses, specially planned for private duty nurses, and also suggested that compensation should be paid to private duty nurses, who are members of the council of the Provincial Association, for loss of income incurred by attendance at council meetings. Regret was expressed that New Brunswick is the only province which still permits twenty-four hour duty on hospital cases. Miss A. Burns, convener of the Public Health Section, reported that a total of 33 public health nurses are being employed in the Province, 15 of whom are in Saint John, 5 in Moncton, 2 in Fredericton, the remainder being distributed by single appointment in other districts. The activities of the Committee on Instruction were reported upon by its convener, Miss Marion Myers, who urged that better co-operation should exist between schools of nursing and high schools. Miss Myers also read an excellent account of the Refresher Course held at the McGill University School of Nursing early in the year. Miss Florence Coleman, until recently convener of the provincial Nightingale Memorial Committee, stated that all obligations undertaken with respect to this project have been met.

The afternoon session was devoted to unfinished business and the election of officers. The following interesting resolution was approved: "that the New Brunswick Association of Registered Nurses should offer a scholarship of $250.00, for an academic course, to a qualified nurse for one year and that a committee be appointed by the incoming Executive to arrange for qualifications and selection of candidate". In reply to a communication from the Executive Secretary of the Canadian Nurses Association, it was decided to appoint a provincial committee to study the establishment of the eight-hour day for nurses. This committee will co-operate with the national committee appointed for this purpose. The personnel of

the provincial committee is as follows: Miss Mabel McMullen, St. Stephen, convener and representative from the province on the national committee; members: Rev. Sister Kenny and Miss Murdoch.

Miss Maude Retallick was re-appointed as Executive-Secretary and School Visitor, and a standing vote of thanks was accorded her as she entered upon her fifteenth year of service to the Association. An invitation to hold the next annual meeting in Fredericton was unanimously accepted.

The election of officers resulted as follows: president, Mrs. G. E. van Dorsser, Health Centre, Saint John; first vice-president, Miss A. J. MacMaster; second vice-president, Mrs. A. G. Woodcock; honourary secretary, Rev. Sister Kenny. Conveners of Sections and Committees: Nursing Education Section, Rev. Sister Kerr; Private Duty Section, Miss Myrtle E. Kay; Public Health Section, Miss A. A. Burns; Legislation Committee, Miss Bertha L. Gregory; *The Canadian Nurse* Committee, Miss Lois Smith. Councillors: Fredericton, Miss Edith C. Brown; Moncton, Miss Sybil Everett; Newcastle, Miss B. M. Hadrill; Saint John, Miss Marion Myers; St. Stephen, Miss Mabel McMullen and Miss C. M. Boyd; Woodstock, Miss E. M. Tulloch.

A most successful meeting was concluded with the singing of the National Anthem, and the members then attended a delightful tea as the guests of the Saint John Chapter of the Registered Nurses Association of New Brunswick.

Editor's Note: This "news story" has been compiled from the excellent report submitted by Miss Maude E. Retallick.

CLARITY AND COMMON SENSE

Nurses who attended the Biennial Meeting of the Canadian Nurses Association (and those who read this *Journal*) are aware that a Brief was submitted by the Canadian Nurses Association to the Royal Commission on Dominion-Provincial Relations. This document was presented personally to the members of the Commission by Miss Jean I. Gunn and, in addition to a statement concerning the general status of nursing in Canada, outlined the attitude of our national Association toward Health Insurance. The full text of the Brief will be found on p. 371 in the July number of the *Journal*.

At the Biennial Meeting, when reporting for the committee on health insurance and nursing service, Miss Gunn said that the Brief had received a careful and courteous hearing from the Commission. In addition, there has been some favourable comment in the newspapers upon its clarity and common sense. The article here quoted was written by Kennethe M. Haig and appeared in *The Winnipeg Free Press*. The tribute paid to the contribution made by nurses to public health is extremely gratifying.

When the Royal Commission on Dominion-Provincial Relations packed its first bags it probably included along with headache remedies, a copy of the B.N.A. Act, but it scarcely could foresee that its meetings would be the background of numerous family arguments including Dominion Health

Services. Yet this presentation revealed, not agreement, but the curious circumstance that amid rampant disagreement, a health service set-up is slowly coming into being . . . In almost all the provinces provision has been made, with the full accord, and indeed upon pressure from the profession, for medical care for persons on relief. The cost of this item for instance in this City is rising to such proportions—one hundred and fifty thousand dollars—that of its own weight it is forcing consideration of some system of insurance.

In the meanwhile, apart from the situation in regard to relief cases there are certain departments building up within the profession which must have definite repercussions along this line. For years, for instance, there have been the Dominion and Provincial departments of health which, as they grow in effectiveness, have taken over widening territory especially in the preventive field. Manitoba's department, with the blessing and assistance of the medical association, is engaged upon the instituting of a study into the maternal mortality rate here. The intention is, of course, to find the cause of such deaths and as far as possible banish them, thus lowering the motherhood risk. True the initial impetus for this action came, not from within the Province, but had its genesis some years ago in a Dominion survey report, which gave Manitoba not too proud a place, in the not too proud Canadian record. It is mainly women's organizations which have not allowed the issue to die.

Another outstanding factor in this Province having an influence, probably unconscious, in public health education, is the Sanatorium Board of Manitoba with its sanatorium at Ninette, the Central Tuberculosis Clinic and the Tuberculosis Travelling Clinics. It is teaching patients, patients' families, and whole neighborhoods their responsibility towards one phase of public health. It is also teaching the medical profession, whose good will and co-operation it has, what such a provincial service may do. Its whole philosophy is, not to interfere in the individual physician's field, but to offer its facilities as an extension of that field.

Beyond a doubt that is the philosophy upon which the most effective system of public health services must be built. In no field more than the medical do the special gifts of the individual physician count both for the doctor and the patient. Equally in no field is there a closer relationship, for good or evil, between the individuals concerned and the community in which they live.

Curiously enough the full weight of these implications is realized by the registered nurses' organizations, whose Canadian Association placed before the Dominion-Provincial Relations Commission, a brief, lucidly setting forth the public health situation as it is viewed by the nursing profession, but mainly not as the situation affects its membership, but as it affects the public. It points out there are 20,000 registered nurses in Canada, sufficient to give adequate nursing care for all who require it. There is, however, a difficulty of distribution both of individual nurses and of nurses' services, as among urban communities themselves, and as between urban and rural communities. There is, too, the economic factor.

In its recommendations the brief suggests that before Health Insurance is applied, there be complete survey of all health services; that the preventive aspect be stressed; that any set-up include provision for nursing service; and that the organized profession be consulted on all classes which concern the nursing aspects of the plan.

Since already any public health services whether governmentally undertaken or at the instance of private philanthropy, are deeply and continuously indebted to the nursing profession, and since it is doing more, much more, than any other one set of persons, in the field of public health, these recommendations, if they err at all, do so on the side of modesty.

The Nurses' Association should not have to ask that its representatives should be included in the personnel discussing Health Insurance. Any government, Dominion or Provincial, thus deciding to extend its field, has here ready to hand a body of citizens who know by actual experience the subject under discussion. Even in governmental circles this should not be a disqualification.

STUDENT NURSES PAGE

IS SOMETHING BURNING?

Just a year ago, in November, 1937, *the Journal published an article by Esther E. Lewis, health adviser and public health instructor in the School of Nursing of the Montreal General Hospital. Under the disarming title of "Getting on with our Knitting", Miss Lewis described the pioneer methods by which the integration of public health in the undergraduate course was being initiated in that School. The authors of "Is Something Burning?" are Miss Phyllis Coulter and Miss Audrey Ellis, student nurses in their second year, who have had the benefit of the preliminary course in health education and now proceed with the more advanced course in which emphasis is placed on the teaching function of the nurse. The object of this course is to help the student to understand how learning takes place, and to encourage her to seek opportunities for giving health instruction to hospital patients. It also (as in the present instance) gives the student actual experience in the art of teaching. This article is entirely original except for the supervision necessary to ensure the accuracy of findings.*

One of the most satisfactory opportunities to teach patients in hospital how to do things at home is when one is carrying out a treatment of some kind. First of all the patient is concerned with her own return to health, and is therefore interested in learning how to assist with procedures which will hasten her recovery. Secondly, the nurse can demonstrate and at the same time actually observe, from the reaction of the patient, which steps need clarifying. A lesson of this sort is also satisfying because the learner can practise under the supervision of the teacher till each feels confident that skill has been acquired.

To illustrate the use of opportunities of this kind we chose as our project the sterilization of dressings by the patient in her own home. Many patients on discharge are in need of continued surgical treatment and, though a visiting nurse may be called for this care, active and intelligent participation by the family helps both patient and nurse. Therefore, during our course in Methods of Health Education, two of us undertook to demonstrate, to our own class group, the giving of instruction to a convalescent patient on home sterilization.

Through consultation with the Victorian Order of Nurses, we found that the easiest and probably the most satisfactory way for the average person in the home to sterilize her dressings is in the oven. The V.O.N. supervisor was interested in our using this as a class project, and suggested that a bacteriological test of the dressings after baking might be valuable and interesting. Miss Coulter began the demonstration by explaining the different purposes for which sterile dressings may be needed in the home, and by drawing our attention to the many opportunities we have of sending patients home equipped with the knowledge that they need. She assembled the necessary articles, empha-

sizing the need of general cleanliness and suitable space for working. Having washed her hands thoroughly, the demonstrator spread a clean towel on the table. She showed how to fold the squares of gauze into dressings, then cut a small square from one of them and placed it in a flask of sterile broth, following the technique learned earlier in our bacteriology laboratory work. This flask was labelled "A" by way of identification. Miss Coulter then proceeded to wrap the dressings in a double thickness of factory cotton large enough to ensure complete covering. She said that clean old cotton, or even brown paper, with an inner wrapping of thin blue paper such as is used on absorbent cotton rolls, might be used as substitutes. She explained that from six to eight dressings were sufficient for one package, allowing the heat to penetrate easily, and making it easier to keep the package sterile when opened for use.

From this point, Miss Ellis carried on the demonstration, putting the package into the centre of the oven, above a shallow pan of water. The oven was to be heated to 350° F for one hour, and the water to be removed at the end of the first half hour, to allow thorough drying. They dried only too well! Our class on Health Education, which had been proceeding in the meantime, was warned by a strange odour—and when we looked in the oven our dressings were black! Miss Ellis had told us that when the oven had no heat indicator the patient could be instructed to use a moderate oven, "hot enough to bake a cake". The length of time the bundle was to be left in the oven could be judged by its wrapper turning slightly brown! Our sad experience taught us that 350° F was too hot, and also that we must warn our pupils against accidents.

Anxious to complete what we had undertaken, and feeling sure that we had learned from experience, we repeated the experiment when off duty that evening. This time the oven was regulated at 250° F and we had great success! Removing the dressings from their covering with sterile forceps, Miss Ellis placed them on a sterile towel, and with sterile scissors cut a square from the gauze which had been cut by Miss Coulter. This was placed in a flask "B" (similar to flask "A") then both flasks were incubated in our teaching floor science laboratory incubator and, in 48 hours were sent to the department of pathology for culture. Agar plates were also poured from these flasks and cultured. In appearance, flask "A" was cloudy, while flask "B" remained perfectly clear. Plate "A" showed a growth of several colonies while plate "B" showed none. Microscopic examination of slides demonstrated the presence of bacilli subtilis in the cultures contaminated with the gauze which had been handled before sterilization. The absence of organisms in the media containing gauze which had been inserted after exposure to oven heat at 250° F for one hour, showed that anyone who sterilizes dressings in her oven at home may be just as safe as a hospital patient, provided she uses care in not contaminating them afterwards. Bacilli subtilis, while not very harmful, are found in soil, dust, plants and on the skin. The discovery that they had been on the hands of the nurse who prepared the dressings, even though she had washed them thoroughly, proved to us that cleanliness alone is not sufficient to ensure protection.

In giving the demonstration we not only had lots of fun, but we satisfied our curiosity and demonstrated to the nurses how they can be sure of sterile dressings in the home for their own use, and how to go about teaching their patients the same procedure.

Book Reviews

EMOTIONAL HYGIENE, The Art of Understanding, by CAMILLA M. ANDERSON, A.B., M.D., Assistant Professor of Nursing Education, Duquesne University, Pittsburgh; Special Lecturer in Mental Hygiene, Department of Nursing Education, University of Pennsylvania. Cartoons by Dorothy G. Stevenson. Published by the J. B. Lippincott Company, Canadian Office, Medical Arts Building, 1538 Sherbrooke Street, West, Montreal, Que. 239 pages, with index. Price, $2.50.

The psychological adjustments which are demanded from student nurses in the unfamiliar environment of a modern hospital are both complicated and difficult. All too frequently these young women are thrust into situations in which they find themselves bewildered and discouraged. Discipline, and a fear of being laughed at, prevent them from seeking sympathy and guidance. Here, at last, is a book which may safely be placed in their hands to serve as chart and compass.

In the preface, the author defines the aim of emotional hygiene thus: "Emotional hygiene seeks to co-ordinate the relationships between reality and our inner urges and drives, thereby preventing those imbalances which utterly ravage and impoverish living. It creates values, not things; qualities not quantities. It may be caught rather than taught". Dr. Anderson indicates that while her book concerns itself more with understanding than with science, it nevertheless does participate in the high adventure of prevention of the commonest of all illnesses—emotional maladjustment. Popular in style, and amusingly illustrated, it makes easy reading, but beneath the surface there runs a deep current of clear thinking and sound psychological reasoning.

The book is composed of three units, (1) the biologic and social bases of behaviour; (2) personality and adjustments; (3) the emotions in relation to special fields. The second unit is particularly well done and the psychological portraits, sketched in a few lines, are almost disconcertingly vivid. If you are in a position of authority here is a chance to look at yourself in a mirror which, while it does not distort, does not flatter. The book, as a whole, is frank, fearless, and distinctly modern in its approach. A delightful vein of humour runs although it and it is refreshingly free from any trace of mawkish sentiment. Dr. Anderson says that she has tried to write "a prologue to understanding—the foundation of prevention". There can be no doubt that she has succeeded.

THE HOSPITAL HEAD NURSE, Her Functions and Her Preparation, by MARY MARVIN WAYLAND, A.M., R.N., Formerly Instructor, Lakeside Hospital School of Nursing, Cleveland Simmons College, Boston; and Department of Nursing Education, Teachers College, Columbia University; Director of Supervision, Bellevue Hospital School of Nursing, New York. Edited by Isabel M. Stewart, A.M., R.N., Professor of Nursing Education, Teachers College, Columbia University, New York City. Published by The Macmillan Company of Canada, 70 Bond Street, Toronto 2, Ont. 381 pages, with index. Price, $3.50.

At the recent Biennial Meeting of the Canadian Nurses Association a most stimulating address was given by Dr. H. B. Atlee on "The Future of Nursing". While suggesting some revolutionary changes in our present administrative and educational policies, he pointed out that none of these could come about without due consideration of "that most vital integer, the head nurse". He then mentioned, one after another, the many demands made upon her as an expert in nursing care, an administrator, a teacher, a counsellor and friend. In reply, the head nurse might well ask where she herself is to look for help and guidance, especially if post-graduate courses have to be delayed for a time and learning must be done "on the job". Certainly she will find in "The Hospital Head Nurse", by Mary Marvin Wayland, a broad conception of her task, and

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clear ideas as to how she should go about it.

Nurses fortunate enough to have taken the courses given by Mrs. Wayland (Mary Marvin at Teachers College and elsewhere, will note with pleasure the extent to which the book reflects the personal philosophy of the author. Another characteristic quality is the eminently practical application of guiding principles to actual ward situations. To quote one of her students: "Mary Marvin Wayland knows how it feels to be a head nurse on a busy Monday morning."

In Part One and Part Two the head nurse will find full information concerning the fundamentals of efficient ward management, but only one short chapter is devoted to the consideration of the head nurse as an expert in nursing. In the opinion of this reviewer, a more extended treatment of this topic would have been highly desirable.

The conception of the head nurse as a teacher as well as a ward manager has suffered from neglect in recent years. The increasing complexity of hospital administration has so added to her responsibilities that her function as a teacher has been thrust into the background. In Part Three, Mrs. Wayland presents a masterly analysis of the role which the head nurse should assume as a member of the faculty of the school of nursing. Her appraisal of the psychological value of ward teaching displays keen insight, based on actual experience. The chapter dealing with measuring and recording the student's experience and progress will be found extremely helpful and enlightening. In Part Four, this admirable volume advises the young nurse how to prepare for her work and by way of conclusion indicates how best she may continue to grow in service.

E.J.

NURSING, An Art and a Science, by MARGARET A. TRACY, R.N., A.B., M.S., Director, School for Nurses, University of California, and Collaborators. Published by The C. V. Mosby Company, Canadian Agents: McAinsh & Company, Limited, 388 Yonge Street, Toronto, Ont. 559 pages: 183 illustrations. Price, $3.75.

In a foreword to this volume, Annie W. Goodrich, Dean Emeritus, Yale University School of Nursing, makes this penetrating comment: "To be informed in nursing skills and procedures alone will not suffice; for efficient and acceptable functions in any branch of nursing, the twentieth century nurse must be technically expert, scientifically informed, and socially experienced. It is obvious that this three-fold demand imposes a heavy task upon nursing educators. That this textbook represents the combined consideration of the faculty of a school of nursing accords with the scientific and educational concepts of the day." Miss Tracy's collaborators have been drawn from the fields of nursing education, public health nursing, social service and the various nursing arts including obstetrics and pediatrics. The result is a well balanced and comprehensive treatise on the art and science of nursing. Enormous strides have been made

during the last ten years in all branches of medicine, and an almost breathless pace has been set to which nurses must strive to keep up. This book is timely because, in addition to a thorough and comprehensive review of basic nursing procedures, it also gives clear and authoritative information about new therapeutic measures which require an unusual degree of nursing skill.

It is significant that no less than 146 pages, profusely illustrated are exclusively devoted to the consideration of the nurse's share in diagnostic procedures. Little by little, we are tacitly permitted to assume functions which even ten years ago would have been considered to be the prerogative of the physician. Many of the techniques are difficult in themselves, and the interpretation of the results of various tests requires a background of scientific knowledge which physicians do not always encourage nurses to acquire. It might be salutary for some medical men to review these pages and to realize to what an extent they themselves are forcing nurses to enlarge the scope of their activities. An excellent chapter deals with medical asepsis, but the space devoted to the nurse as health teacher seems hardly adequate.

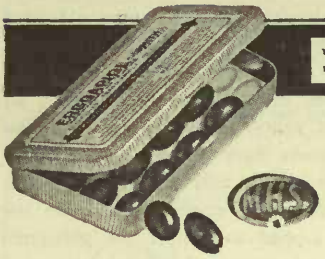
The illustrations in this book deserve special mention. They are admirably composed, sharp in contrast, and really amplify the text. The typography and paper are worthy of this excellent book.

HEALTH, A Handbook of Suggestions for Teachers in Elementary Schools, by JOHN T. PHAIR, M.B., D.P.H., Chief Medical Officer Department of Health; Mary Power, B.A., Director of Health Education, Department of Health; Robert H. Roberts, M.A., Inspector of Public Schools, Department of Education. Members of a Joint Committee on the Teaching of Health, appointed from the Department of Education and the Department of Health of the Province of Ontario. Published by the Ryerson Press, Toronto.

This book has been prepared as a guide and tentative outline of procedure for teachers to make health education more effective in the elementary school. The publication is the outcome of experimentation, study and demonstration, extending over a period of six or seven years, in which teachers and school inspectors have participated actively. It is of much interest and importance to note that the project was carried out under the direction of a joint committee, the personnel of which was composed of members of the Department of Education and the Department of Health of Ontario. Among outstanding members of this working committee were the authors: Dr. Phair, Chief Medical Officer of the Department of Health; Miss Mary Power, Director of Health Education, Department of Health; and Mr. Robert H. Roberts, Inspector of Public Schools, Department of Education.

While the book has been prepared primarily for teachers, it should prove of great assistance to public health nurses; particularly those engaged in school health work. The authors are to be highly commended for the preparation of this Handbook which meets a long-felt need in the field of school health education. The content is arranged under three main headings. Part I deals with the need for and meaning of health education, Part II contains a suggested outline of health instruction throughout the several grades, and Part III gives a statement of certain scientific facts relating to the human body which should be helpful to teachers, for ready reference.

A review of the contents of the book reveals many features of merit. The authors have defined health education as it relates to the school programme in its broadest terms, and have attempted to indicate the many implications and factors whereby health teaching may function effectively in the lives of children. The need for the mutual understanding of the objectives of a school health programme, the facilities necessary and opportunities afforded for effective teaching are cited in Part I. Emphasis is placed upon the co-operative and co-ordinated efforts of school officials, parents, teachers, physicians and nurses as an essential factor for successful accomplishment. It is of interest and significance to note that



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the authors have placed increasing responsibility upon the teacher in matters of health instruction and health service. Consequently emphasis is placed upon the need for a much better professional preparation in the way of scientific knowledge relating to personal and public health and of child psychology as a basis for the understanding and application of teaching principles.

While suggestions for health teaching have been organized in accordance with the "grade" system which still exists in our schools, the authors have done well in their effort to indicate the various ways and means whereby the health programme may meet the *individual* needs of the *whole* child during the successive and progressive stages of physical, emotional and social development. Teachers should find the various health topics suggested in Part II of much assistance in selecting and adjusting health instruction to meet the specific health needs of the pupils. It should also be a source of helpful information to school nurses in co-operating with teachers in matters of health instruction, health examination and health supervision.

Under the caption "Units or Enterprises", suggestions are offered whereby health teaching may be correlated with other school activities and integrated into the school programme as a whole. The book indicates methods of helping the pupil to develop health knowledge, practices and attitudes in relation to life situations, in contrast to the traditional way of teaching health or hygiene as an isolated and factual subject. The bibliographies, as arranged throughout the book are most complete and contain many references to recent publications. School nurses would be well advised to secure and study this new Handbook in order that they may be better fortified to co-operate with teachers and parents in the promotion of health during the childhood period.

MARION LINDEBURGH

MANUEL DES QUESTIONS ET REPONSES D'EXAMENS DES GARDES-MALADES, revisé, classifié et augmenté par la REV. SOEUR MADELEINE, R.C.S.P. Publié par Charlotte Tassé, directrice de "La Garde-Malade Canadienne-Française", 4455 ouest Boulevard Gouin, Montréal. 444 pages, with index.

It gives the reviewer real pleasure to bring this volume to the attention of our readers. The primary aim of this Manual, written in the French language, is to provide an authoritative and concise summary of the information required by French-speaking candidates, wishing to take the qualifying examinations for the title of Registered Nurse in the Province of Quebec.

In its original form, its content appeared serially in *La Garde-Malade Canadienne-Française*, a monthly publication published in

the French language, under the direction of Mademoiselle Charlotte Tassé. The responsibility of arranging and clarifying the subject matter was assumed by the Reverend Sister Madeleine, F.C.S.P., of the community of Réligieuses de la Providence. Valuable assistance was also given by numerous collaborators, all of whom possessed special qualifications for their share in the common task.

The scope of the book is necessarily quite extensive since it covers all the subjects in which examinations must be taken. Obviously, consideration of each topic cannot be carried to any great depth, but the questions have been skilfully formulated and the answers to them are clear, concise and accurate. In this connection, it is interesting to note how well the precision and logic of the French tongue lends itself to the Socratic method. Sister Madeleine modestly insists that she has paid no attention to style —nevertheless she has achieved it! This Manual will have a wider usefulness than simply that of a quiz compend because it presents in a convenient and readily accessible form, information which nurses should review from time to time. Our most sincere congratulations on this fine piece of work are extended to our esteemed contemporary, *La Garde-Malade Canadienne-Française*, and its able directrice, Mademoiselle Tassé.

E.J.

ONTARIO PROVINCIAL PUBLIC HEALTH NURSING SERVICE

Complete physical examination, including tuberculin test with X-ray of positive reactors and consultations as recommended, is a requirement of the Ontario Department of Education for all applicants before admission to Normal Schools and the College of Education. The examinations are carried out under the direction of the Ontario Department of Health and are conducted in the seven centres where normal schools are established. The examinations are made by physicians chosen by the local medical societies. The necessary nursing service is provided by the Ontario Department of Health. The students pay part of the examination fee. This year, approximately 1,250 students were examined in the normal schools and 300 at the College of Education.

Miss Winifred Walker, (University of Toronto, Public Health Nursing course), joined the Board of Health staff at Kirkland Lake recently.

Miss Margaret Nealon, (University of Toronto, Public Health Nursing course), has received the appointment of public health nurse for Renfrew.

Miss Mary E. McEwing, (University of Western Ontario, Public Health Nursing course 1938), has been added to the staff of the Kitchener Health Department. The public health nursing staff now consists of a director and six nurses.

Miss Margrethe Crowe, (University of Toronto, Public Health Nursing course, 1938), commenced her duties as junior public health nurse at Woodstock in September.

Miss Evelyn C. Hood, (University of Toronto, Public Health Nursing course, 1938), has returned to York Township Board of Health after a leave of absence for study.

Miss Esther McDonald, (University of Toronto, Public Health Nursing course, 1938), has returned to Port Arthur Board of Health after a leave of absence for study.

NEWS NOTES

ALBERTA

EDMONTON:

Dr. D. B. Leitch recently addressed the Edmonton Graduate Nurses on poliomyelitis, tracing the symptoms, treatment and prognosis and stressing particularly the newer theories regarding this disease. A large attendance showed the interest felt, and the esteem accorded the speaker.

BRITISH COLUMBIA

VANCOUVER:

At the September 1938 Examination, held in five centres in British Columbia, for the title and certificate of Registered Nurse, 125 nurses wrote full papers, of whom 117 passed and are eligible for registration.

Grace Hospital, Vancouver has instituted for its nursing staff the six-day week and the eight-hour day.

St. Paul's Hospital, Vancouver has made arrangements for a Nurses Directory for its own graduates, with an offce in the Hospital and with registered nurses in charge. The eight-hour day only for hospital special duty nursing will be in force.

VANCOUVER:

The first Fall meeting of the Vancouver Graduate Nurses Association was held recently in the Vancouver General Hospital, with the vice-president, Miss Olive Cotsworth in the chair. An interesting account of the Halifax convention was given by Miss Margaret Kerr.

Vancouver nurses pursuing post-graduate studies this winter include the following: Miss Geraldine Homfray, who has left for Peabody College, Nashville, Tennessee; Miss Lyle Creelman, who will attend Columbia University, New York; Miss C. Walker, who will study teaching and administration at the University of Washington; Miss Margaret Barton, who will take the Public Health Course at the University of British Columbia, and Miss C. Webster, who plans to take post-graduate work in surgery in New York.

Married: Recently, Miss Jean Murdoch (Vancouver General Hospital and University of British Columbia) to Mr. George Sinclair.

Married: On August 3, 1937, Miss Kathleen G. Patterson, (Vancouver General Hospital, 1930) to Mr. Callum Thompson.

Married: Recently, Miss Maude Barner, (R. W. Large Memorial Hospital) to Mr. F. Earl Anfield.

Married: Recently, Miss Janet Clara Ford, (Hazelton General Hospital) to Mr. J. C. Elliott.

Married: Recently, Miss Lois Princess Cockell, (Royal Jubilee Hospital, Victoria) to Mr. Reginald C. Ryves.

Married: Recently, Miss Sarah Georgina Acheson, (Kingston General Hospital) to Mr. Harold R. Goldfinch.

Married: Recently, Miss Mabel Edith Hammond, (St. Paul's Hospital) to Mr. H. W. Murley.

Married: Recently, Miss Marion E. G. Ross to Dr. Alan Hastings Woodcock.

Married: Recently, Miss Nellie Shortreed Deans, (St. Paul's Hospital) to Mr. Neville Hall.

Married: Recently, Miss Irene Clare, (Royal Columbian Hospital, New Westminster) to Mr. Lorne Coe.

MANITOBA

BRANDON:

Miss Atkin and Miss Eva Roulette have been transferred to the public health staff in Winnipeg and St. Vital respectively and we regret the loss of these valuable members in our Association. In honour of Miss Atkin, Mrs. Bigelow entertained members of the Brandon Graduate Nurses Association at a surprise party. Miss V. Vance, on behalf of the Association presented the honoured guest with a travelling bag.

Married: Recently, Miss Dora Muir (Winnipeg General Hospital) to Dr. R. Bryon Bird.

BRANDON:

The Brandon Graduate Nurses Association held the opening meeting for the season on Oct. 4 at the General Hospital with forty-four present. Miss Vance presided over a short business session when Mrs. Mathey was appointed as representative to the *Canadian Nurse* for the Association, and Mrs. H. McKenzie as convener of the "Married Ladies" group. Miss A. Brigham then introduced the guest speakers, both of whom spoke on their recent trips abroad. Mrs. H. O. McDiarmid gave a vivid word picture of places of interest in Scotland while Miss M. Gemmill gave impressions from a health viewpoint in the various countries visited. Miss C. Macleod thanked the speakers. Miss H. Morrison, the guest of honour, was presented with a Hudson Bay blanket by Mrs. E. Hannah and Miss L. Taylor on behalf of the Association thus expressing the best wishes of the members for

her happiness. A social hour concluded the evening.

ONTARIO

District 1

London:

Victoria Hospital:

Miss Eleanor M. Ewing (Victoria Hospital, 1936) has accepted a position on the staff of the Victorian Order of Nurses at Kitchener.

Married: Recently, Miss Helen McCallum (V.H.) to Dr. C. C. Ross.

Married: Recently, Miss Evelyn Moore (V.H.) to Mr. C. H. West.

Married: Recently, Miss Anne Sabiston (V.H.) to Mr. Jack Hambly.

Married: Recently, Miss Edith May Morrison (V.H.) to Rev. John D. Gilmour.

Married: Recently, Mrs. I. Ross (V.H.) to Mr. Panke.

Married: Recently, Miss Eleanor George (V.H.) to Mr. Roger Caldwell.

Districts 2 and 3

Kitchener:

On September 27, the first meeting for the fall season of the Kitchener and Waterloo chapter of Districts 2 and 3 was held with a large attendance. The speaker of the evening was Miss M. Hackett, public health nurse for the village of Ayr and the townships of North and South Dumfries; having attended the C.N.A. Biennial Meeting in Halifax, she gave a delightful resumé of the highlights of the sessions.

District 4

Niagara Falls:

The regular quarterly meeting of District 4 was held at the Nurses' Home, Niagara Falls General Hospital on September 24, and was well attended. Mrs. Twidall, one of the Aldermen of the city of Niagara Falls, welcomed the Association on behalf of the Mayor and the Council. This action does seem to add a note of hospitality to the meeting. Miss Mildred Walker, director of the School of Nursing of the Western University, gave a most comprehensive address on the highlights of the Canadian Nurses Association Biennial Meeting. A delightful tea was served by Miss Buchanan and her staff. The next meeting will be held at St. Joseph's Hospital, Hamilton, sometime in January.

District 5

Orillia:

One hundred and twenty-five nurses attended the Fall meeting of District 5, R.N.A.O. held at Orillia on September 24. The

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Supervisor,

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Montreal, Canada

bright sunshine and gorgeous autumn tints made the long motor trip an added pleasure for the nurses in the southerly part of the district. The members were addressed by Dr. Horn, superintendent of the Ontario Hospital, and later made a tour of the hospital. Miss Ethel Greenwood, of the Victorian Order of Nurses, Toronto, then demonstrated home confinement care. Supper was served at St. Paul's United Church, by the Ladies Auxiliary. The guests were His Worship, the Mayor, and Mrs. Pack, Dr. and Mrs. R. E. Hipwell, and the Rev. and Mrs. Bugden. The evening session was addressed by Dr. E. P. Lewis, of the Toronto Psychiatric Out-Patient Department, on the mental hygiene of pregnancy. A very lovely and refreshing report of the C.N.A. Biennial Meeting was presented by Miss Gladys Sharpe, of the Toronto Western Hospital.

The membership of District 5 to date is 1,035 and the committee is ready with plans for a still greater increase before the end of the year. The district has also appointed a convener to work with the Provincial Committee in the interests of *The Canadian Nurse*.

TORONTO:

Hospital for Sick Children:

Miss Margaret Buchanan (1936) has returned from Bedford College, London, England, and has been appointed to the teaching staff of the H.S.C. Miss Helen Howe (1926) has resigned from the operating room staff of the H.S.C. and has been appointed matron of the Preparatory School, Upper Canada College.

Miss Isabel Cation (1937) is taking a course in Administration in Hospitals and Schools of Nursing at McGill University School of Nursing. Miss Irene Stevens (1937) is taking a course at the University of Toronto.

Married: Recently, Miss Doris Kelly (H.S.C., 1936) to Dr. Roger Chenowith.

Married: Recently, Miss Dorothy Pound (H.S.C., 1936) to Mr. Robert Leonard.

Married: Recently, Miss Frances Crawford (H.S.C., 1936) to Dr. William Bryant.

Married: Recently, Miss Grace Inglis (H.S.C., 1937) to Mr. E. G. Thompson.

Married: Recently, Miss Alice Hall (H.S.C., 1934) to Mr. W. G. Alsop.

Married: Recently, Miss Iris Riply (H.S.C., 1936) to Mr. Howard Anderson.

Married: Recently, Miss Claire Williams (H.S.C., 1934) to Dr. Morrison Mitchell.

DISTRICT 7

SMITHS FALLS:

The regular Fall meeting of District 7, R.N.A.O. was held at the Chambers Memorial Hospital with sixty members present.

Miss A. Baillie, vice-president, presided, and a letter was received from Miss Bliss, the president, regretting her inability to attend. A very interesting report of the R.N.A.O. convention held in Kingston was given by Miss A. Baillie and Miss L. Acton. Excellent reports of the Biennial Meeting of the C.N.A. in Halifax were given by Miss Atkin and Miss Emma Sharpe.

Miss Baillie invited the District to hold its annual meeting at the Kingston General Hospital in January. Following the business meeting the visiting members were guests of the Smiths Falls Graduate Nurses Association and the Alumnae Association of the Chambers Memorial Hospital at a delightfully arranged tea at the Birkacre Inn. A humourous monologue by Miss Amy Church brought the meeting to a close. Miss E. Sharpe extended to Miss Church and the Smiths Falls members a vote of thanks for the hospitality accorded the visitors.

KINGSTON:

Appointments: Miss Marjorie La Rocque, (H.D.H., 1930)—staff nurse in the Ontario Hospital, Kingston; Miss Audrey Black, (H.D.H., 1938)—staff nurse in the Ontario Hospital; Miss Glodin Hughes (K.G.H., 1931)—staff nurse in the Ontario Hospital; Miss Johana Rochotte—staff nurse in the Ontario Hospital.

Married: Recently, Miss Frances Pollett (O.H.) to Mr. Harold Morris.

Married: Recently, Miss Bromnell (H.D.H., 1937) to Dr. George Hunt.

DISTRICT 8

OTTAWA:

Ottawa Civic Hospital:

Miss Mary Lamb (O.C.H., 1928) has been appointed to the staff of the Physiotherapy Department, Ottawa Civic Hospital. Miss Jessie Wilson (O.C.H., 1930) has recently returned from Chicago where she has taken a course at the College of Swedish Massage. Miss Evelyn Bryant (O.C.H., 1930) has left for New York to take a Medical Assistant's course at the Paine Hall Institute. Miss Davina Pitkethley, (O.C.H., 1933) has been appointed assistant night supervisor at the Alexandra Hospital, Montreal.

Miss Mildred Cook (O.C.H., 1938) sailed recently for Affiout, Egypt, to do missionary work in a Mission School.

Miss Dorothy Campbell (O.C.H., 1938) has gone to Montreal to take a special course with the Victorian Order of Nurses in that city.

Married: Recently, Miss Jessie Lancaster (O.C.H., 1930) to Mr. Lawrence Lemoine.

Married: On July 1, 1938, Miss Mar-

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guerite Wilkie (O.C.H., 1931) to Mr. Richard Lake.

Married: On August 18, 1938, Miss Heloise Losier (O.C.H., 1932) to Mr. William James Hogan.

Married: Recently, Miss Clara Montgomery (O.C.H., 1932) to Mr. Robert Ross Humphrey.

Married: On October 1, 1938, Miss Elva Browne (O.C.H., 1933) to Mr. Gordon Selkirk.

Married: On August 30, 1938, Miss Doris Covell (O.C.H., 1933) to Mr. Gordon Hyndman.

Married: On September 10, 1938, Miss Erma Burtt (O.C.H., 1934) to Mr. John Ivory.

Married: On October 1, 1938, Miss Ethel Graham (O.C.H., 1934) to Mr. Thomas Leney.

Married: On June 11, 1938, Miss Thelma Richardson (O.C.H., 1934) to Mr. Daniel McKinney.

Married: On June 22, 1938, Miss Eva Tessier (O.C.H., 1934) to Mr. Francis G. Nesbitt.

Married: On August 8, 1938, Miss Alma Bowen (O.C.H., 1936) to Mr. Mansel Brownlee.

Married: On June 28, 1938, Miss Helen Sparks (O.C.H., 1937) to Mr. Ernest F. Helmer.

Married: On August 26, 1938, Miss Beda Crosby (O.C.H., 1937) to Mr. Kenneth Kunn.

District 9

Sudbury:

The fourteenth annual meeting of District 9, R.N.A.O., was held on September 24 in Sudbury. All the various Chapters were represented as follows: Sault St. Marie, Miss Claire Douglas; New Liskeard, Miss Elsie Franks; Timmins, Miss Thrasher; Gravenhurst, Miss Jean Smith; North Bay, Miss Jean Laing. Members were present from Sudbury, Kirkland Lake and Haileybury. The morning meeting was held at St. Joseph's Hospital and greetings were extended by the Mayor of the city, by Rev. Sister Bernadette, Superintendent of nurses, and by Miss Florence Kruger on behalf of the local Chapter. Miss Kruger, who was convener of the programme committee, and her associates, were responsible for the cordial hospitality extended to the visiting members.

Reports of the Chapters and the Sections show that progress is being made throughout the District and it is extremely gratifying to note the steadily increasing membership, due to the untiring convenership of Miss Jean Smith of Gravenhurst. The financial affairs of the district were shown to be in a most creditable condition, and it was

decided to continue the contribution to the Florence Nightingale Memorial Fund. An excellent address on nursing conditions in Europe was given by Dr. P. E. LaFlamme. Miss Madalene Baker, of London, as guest speaker gave a most interesting and inspiring address on eight-hour duty, as it affected the private duty nurse. An excellent report of the Annual Meeting of the R.N.A.O. at Kingston was given by Miss McKnight of Gravenhurst. The Biennial Meeting of the C.N.A. held in Halifax, was graphically described by the chairman, Miss H. Elizabeth Smith. The famous puppet show brought the attention of the members to the importance of being a subscriber to *The Canadian Nurse.*

A delightful tea was served at St. Joseph's Hospital to the guests of the Sudbury Chapter. A banquet was held in the evening and a musical programme was given by Mrs. McKenzie. Addresses were given by Rev. Father O'Leary, and Miss Madalene Baker. Her topic was "Registries and their Organization". This was felt to be most enlightening and suggested that nursing bureaus be established where all types of nursing service could be made available to the public.

The officers and conveners for the coming year were elected as follows: chairman, Miss H. Elizabeth Smith, New Liskeard; first vice-chairman, Miss Jean Smith, Gravenhurst; second vice-chairman, Miss Florence Kruger, Sudbury; secretary, Miss Rossie Densmore, Sault St. Marie; treasurer, Miss Robena Buchanan, Sanatorium, P.O. Conveners of Committees: membership, Miss Jean Smith, Gravenhurst; nomination, Miss Katherine McKenzie, North Bay; programme, Miss Winifred Walker, Kirkland Lake; arrangements, Miss Ethel North, Kirkland Lake; publications, Miss H. Elizabeth Smith, New Liskeard; enrolment, Miss Helen Jordan, North Bay; finance, Miss Robena Buchanan; public health, Miss Sally Wallace, Haileybury; nurse education, Miss Alice McGregor, Sault St. Marie; private duty, Miss Florence Kruger, Sudbury.

A cordial invitation was accepted from Kirkland Lake, where on the third Saturday of September 1939, District 9 will again assemble its widely scattered but enthusiastic and hard-working members for their fifteenth annual meeting.

QUEBEC

MONTREAL:

The Montreal General Hospital:

Married: On September 12, 1938, Miss Margaret A. MacKay (M.G.H., 1929) to Mr. Edward McCort.

Married: On October 4, 1938, Miss Mary L. G. Brady (M.G.H., 1930) to Lieut. Laurence L. Thornton, R.N.R.

Married: On September 17, 1938, Miss

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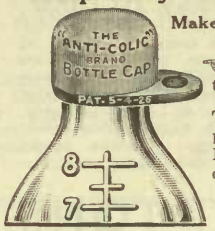

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EXAMINATION ANNOUNCEMENT

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Jean B. McRae (M.G.H., 1931) to Mr. John Dingwall.

Married: On September 28, 1938, Miss Nora N. Meighen (M.G.H., 1932) to Mr. Frank E. Allan.

Married: On September 8, 1938, Miss Carol Michaels (M.G.H., 1932) to Dr. M. H. F. Friedman.

Married: On October 4, 1938, Miss Dorothy Bonner (M.G.H., 1934) to Dr. George Wood.

Married: On September 27, 1938, Miss Eva E. Seveigny (M.G.H., 1934) to Mr. Harry Lindley, B.A.

Married: On August 18, 1938, Miss Marguerite Morris (M.G.H., 1935) to Mr. Edward Hollett.

Married: On September 14, 1938, Miss Kathleen Mary Finnie (M.G.H., 1936) to Mr. George R. Browne.

Married: On September 14, 1938, Miss Allison Pattillo (M.G.H., 1936) to Dr. David G. Rodger.

Married: On September 10, 1938, Miss Marguerite Hawley (M.G.H., 1937) to Mr. John E. Cook.

Married: On September 10, 1938, Miss Dorothy E. Murray (M.G.H., 1937) to Dr. William A. N. Inglis.

The Royal Victoria Hospital:

Miss Lillian Pidgeon (R.V.H., 1913) has been appointed supervisor of the medical wards.

Miss Winnifred MacLean (R.V.H., 1923) has been appointed nurse-in-charge of the Urological Ward to replace Miss Mildred MacLeod (R.V.H.) who has resigned.

Miss Edith Hennigar (R.V.H., 1930) has joined the staff of the teaching department.

Miss Grace Fowler (R.V.H., 1932) has resigned from the staff of the out-door department and Miss Kathleen DeWitt (R.V.H., 1938) succeeds her.

The following R. V. H. nurses are attending the School of Nursing, McGill University: Miss Eleanor Johnson, (1936); Miss Helen MacKay,(1933); Miss Elaine Corbett, (1935); Miss Louise Sharp, (1937); Miss Kathleen Stanton, B.Sc., (1938); Miss Frances MacDonald, B.A., (1938); Miss Marjorie Kendall, (1938).

Married: Recently, Miss Mabel A. Inkster (R.V.H., 1930) to Mr. Reginald E. Frewen.

Married: Recently, Miss Rena E. Harvie (R.V.H., 1934) to Dr. John J. Fahlman.

Married: Recently, Miss Margaret Baird (R.V.H., 1935) to Dr. Ralph Huff.

Married: Recently, Miss Helen M. Eberle (R.V.H., 1929) to Mr. P. G. Cranston.

MONTREAL:

St. Mary's Hospital:

Major D. J. O'Donahoe, President of the

(*continued on page 684*)

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COUNCILLORS AND OTHER MEMBERS OF EXECUTIVE COMMITTEE

Numerals preceding names indicate office held, viz: (1) *President, Provincial Nurses Association;* (2) *Chairman, Nursing Education Section;* (3) *Chairman, Public Health Section;* (4) *Chairman, Private Duty Section.*

Alberta: (1) Miss Kate S. Brighty, Administration Building, Edmonton; (2) Miss H. S. Peters, University Hospital, Edmonton; (3) Miss R. Chittick, Normal School, Calgary; (4) Mrs. M. Tobin, 385-4th Street, Medicine Hat.

British Columbia: (1) Miss M. Duffield, 1655 10th Ave., W., Vancouver; (2) Miss A. S. Cavers, Vancouver General Hospital; (3) Miss M. Henderson, 4243 12th Ave., W., Vancouver; (4) Miss K. Ethel Gray, 902 McClure St., Victoria.

Manitoba: (1) Miss Edith McDowell, Nurses Residence, General Hospital, Winnipeg; (2) Miss F. Roach, St. Boniface Hospital, St. Boniface; (3) Miss A. McKee, 604 Medical Arts Building, Winnipeg; (4) Miss T. Greville, 797 Broadway, Winnipeg.

New Brunswick: (1) Mrs. G. E. van Dorsser, Health Centre, Saint John; (2) Sister Corinne Kerr, Hotel Dieu Hospital, Campbellton; (3) Miss A. Burns, Health Centre, Saint John; (4) Miss Myrtle E. Kay, 21 Austin St., Moncton.

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Ontario: (1) Miss C. I. Brewster, General Hospital, Hamilton; (2) Miss R. M. Beamish, General and Marine Hospital, Owen Sound; (3) Miss M. Hoy, 27 Giles Blvd., Windsor; (4) Miss Madalene Baker, 249 Victoria St., London.

Prince Edward Island: (1) Sr. Stanislaus, Charlottetown Hospital, Charlottetown; (2) Miss Anna Mair, P. E. I. Hospital, Charlottetown; (3) Miss Ina Gillan, 227 Kent St., Charlottetown; (4) Mrs. Lois MacDonald, 45 Upper Prince Street, Charlottetown.

Quebec: (1) Miss M. L. Moag, 1246 Bishop Street, Montreal; (2) Miss M. Batson, The Montreal General Hospital, Montreal; (3) Miss A. Peverley, 2090 Claremont Ave., Apt. 46, Montreal; (4) Miss Marion E. Dart, 3563 Durocher St., Apt. 8, Montreal.

Saskatchewan: (1) Miss Ann Morton, Weyburn; (2) Miss M. Ingham, Moose Jaw General Hospital, Moose Jaw; (3) Miss D. Hopkins, Box 568, Estevan; (4) Miss Helen Jolly, 1301-15th Ave., Regina.

CHAIRMEN, NATIONAL SECTIONS

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Provincial Associations of Registered Nurses

ALBERTA

Alberta Association of Registered Nurses

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Registered Nurses Association of British Columbia

President, Miss M. Duffield, 1655 10th Ave. W., Vancouver; First Vice-President, Miss G. M. Fairley; Second Vice-President, Miss L. Mitchell; Secretary, Miss F. H. Walker, 520 Vancouver Block, Vancouver; Registrar, Miss Helen Randal, 520 Vancouver Block, Vancouver; *Councillors*: Miss C. E. Clarke, Miss M. E. Kerr, Miss Helen Randal, Miss K. Sanderson, Sister Mary Beatrice; *Conveners of Sections*: *Nursing Education*, Miss A. S. Cavers, Vancouver General Hospital; *Public Health*, Miss M. Henderson, Vancouver; *Private Duty*, Miss K. Ethel Gray, Victoria.

MANITOBA

Manitoba Association of Registered Nurses

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New Brunswick Association of Registered Nurses

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PRINCE EDWARD ISLAND

Prince Edward Island Registered Nurses Association

President, Rev. Sister Stanislaus, Charlottetown Hospital; Vice-Pres., Miss M. Thompson, P. E. I. Hospital, Charlottetown; Secretary, Miss Anna Bennett, 102 Upper Prince St., Charlottetown; Treasurer and Registrar, Rev. Sister Mary Magdalen, Charlottetown Hospital; *Conveners of Sections: Private Duty*: Mrs. Lois MacDonald, 45 Upper Prince St., Charlottetown; *Public Health*, Miss Ina Gillan, 277 Kent St., Charlottetown; *Nursing Education*, Miss Anna Mair, P. E. I. Hospital, Charlottetown.

QUEBEC

Association of Registered Nurses of the Province of Quebec (Incorporated, 1920)

Advisory Board: Misses Mabel F. Hersey, Jean S. Wilson, Marion Lindeburgh, Rév. Soeur Godefroy d'Amiens, Rév. Soeur M. Gauthier, Mlle Marguerite Taschereau; President, Miss Margaret L. Moag; Vice-President (English), Miss Eileen C. Flanagan; Vice-President (French), Rév. Soeur Valérie de la Sagesse; Honourary Secretary, Mlle Suzanne Giroux; Honourary Treasurer, Miss C. M. Ferguson; *Members without office*: Misses Mabel K. Holt, Marion E. Nash, Mlles Marie Roy, Juliette Trudel, Alice Albert; *Conveners of Sections*: *Private Duty* (English), Miss Marion E. Dart, 3563 Durocher St., Apt. 8, Montreal; *Private Duty* (French), Mlle Lucienne Daoust, 261-5ème avenue, Verdun; *Nursing Education* (English), Miss Martha Batson, The Montreal General Hospital; *Nursing Education* (French), Rév. Soeur Marleau, Hôpital Notre-Dame, Montréal; *Public Health* (English), Miss Ann Peverley, Department of Health, City of Westmount; (French) Mlle Emma Rocque, Metropolitan Life Insurance Co., 464 rue McGill, Montréal; *Board of Examiners*: Miss Olga V. Lilly (Convener), Royal Victoria Montreal Maternity Hospital, Misses Flora Aileen George, K. L. Annesley, Katharine MacLennan, Mesdemoiselles M. Anysie Déland, Alexina Marchessault, A. Rita Guimont; Executive Secretary, Registrar and Official School Visitor, Miss E. Frances Upton, Room 1019, Medical Arts Building, 1538 Sherbrooke St. W., Montreal.

SASKATCHEWAN

Saskatchewan Registered Nurses Association (Incorporated, 1917)

President, Miss Ann Morton, Weyburn; First Vice-President, Rev. Sister O'Grady, St. Paul's Hospital, Saskatoon; Second Vice-President, Miss Edith Amas, Saskatoon City Hospital, Saskatoon; *Councillors*: Miss Matilda Diederichs, Regina Grey Nuns' Hospital, Regina; Miss Aubra Cleaver, Yorkton Queen Victoria Hospital, Yorkton; *Conveners of Standing Committees: Public Health*, Miss D. Hopkins, Box 568, Estevan; *Private Duty*, Miss Helen Jolly, 3128 College Ave., Regina; *Nursing Education*, Miss M. Ingham, Moose Jaw General Hospital, Moose Jaw; Secretary-Treasurer, Registrar and Advisor, Schools for Nurses, Miss K. W. Ellis, University of Saskatchewan, Saskatoon.

Regina Registered Nurses Association

Honorary President, Miss A. Lawrie; Hon. Vice-President, Sister Tougas; President, Miss K. Morton; First Vice-Pres., Miss M. Diederichs; *Committee Conveners: Entertainment*, Miss H. Jolly; *Visiting*, Miss D. Grad; *Representatives* to: *Registry*, Miss D. Kerr; *The Canadian Nurse*, Miss D. Westhaver; Secretary, Miss E. Welsch, 2204 Wallace Street; Registrar-Treasurer, Miss L. Dahl.

Associations of Graduate Nurses

Overseas Nursing Sisters Association of Canada

Honorary Presidents: Miss Margaret MacDonald, R.R.C., L.L.D., Matron-in-Chief; Miss Edith Rayside, R.R.C., C.B.E., M.A.Sc., Matron-in-Chief, Canada; Mrs. G. Stuart Ramsey; President, Miss Laura M. Hubley, R.R.C., Halifax, N.S.; First Vice-President, Miss Margaret MacKenzie, R.R.C.; Second Vice-President, Miss Blanche Anderson; Third Vice-President, Mrs. John Turner (N/S A. M. Blackwell); Secretary-Treasurer, Miss Josie Cameron, 3 Coburg Apts., Halifax, N. S.

ALBERTA

Calgary Association of Graduate Nurses

President, Miss F. E. C. Reid, Red Cross Hospital; First Vice-President, Miss O. Zimmerman; Second Vice-President, Mrs. Bothwell; Secretary, Miss A. Young, 923-13th Ave. W.; Treasurer, Miss Mary Watt, Anderson Apts.

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President, Miss M. Deane-Freeman, 10033-107 St.; First Vice-President, Miss Mitchell; Second Vice-President, Miss Standing; Secretary, Miss J. Davidson, Royal Alexandra Hospital; Treasurer, Mrs. Chorley, 11748-95 St.; *Executive Committee*: Miss Gavin, Miss Owen, Miss Dickson; Registrar, Miss A. Sproule, 11138-Whyte Ave.

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President, Miss C. M. Clibborn; First Vice-Pres., Mrs. W. A. Fraser; Second Vice-Pres., Miss M. Huchcroft, Sec., Mrs. W. A. Isom, 44-8th St., N. E.; Treas., Mrs. W. J. Devlin; *Committee Conveners*: Membership, Mrs. M. Tobin; *Visiting*, Mrs. J. Keohane; *Representative*: to *Private Duty Section*, Mrs. M. Tobin; to *The Canadian Nurse*, Miss A. E. Pederson.

BRITISH COLUMBIA

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Victoria Graduate Nurses Association

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MANITOBA

Brandon Graduate Nurses Association

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ONTARIO

Smiths Falls Graduate Nurses Association

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QUEBEC

Montreal Graduate Nurses Association

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Alumnae Associations

ALBERTA

A.A., Calgary General Hospital

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A.A., Royal Alexandra Hospital, Edmonton

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A.A., University of Alberta Hospital, Edmonton

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A.A., Vancouver General Hospital, Vancouver

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MANITOBA

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(*Continued from page* 674)

Board of Directors of St. Mary's Hospital, recently presented nineteen nurses with their diplomas, and the Rev. Father W. E. McDonagh, with the help of the Reverend Sisters, presented them with their pins. Doctor J. J. McGovern gave an inspiring address on "The Spirit of St. Mary's", and the Rev. John L. O'Rourke emphasized "The Spiritual Side of Nursing". Miss Geraldine Brown represented the student nurses, and Miss Mary McGovern gave the salutatory. A dinner dance was given in honour of the class by the Alumnae Association. The president, Mrs. C. Kelsch, gave the address of welcome, Miss Mary McPhee toasted the class, and Miss Mary McGovern responded. Verses composed by Miss Claire Robillard were read by Miss Ray Preston. Miss Regina Cowan proposed a toast to "Our Doctors", and Miss Kay Brady to "Absent Friends".

Rev. Sister Rozon, superintendent of nurses of St. Mary's Hospital, together with Miss Pauline Martin, and three student nurses, attended the Summer School of Catholic Action recently held in Boston, Mass. Sister Rozon also attended the Teacher's Institute held in Boston. Miss Martin was delegated by the members of the Alumnae Association to follow the lectures, and a study club is being organized by the members of the Association to discuss the subjects learned.

Rev. Sister Esther Smith, who has just graduated with the 1938 class, is taking the B.Sc. Course at St. Louis University, St. Louis, Mo.

Married: Recently, Miss Velma Ann Rankine-Smith (St. Mary's Hospital, 1935) to Mr. Kenneth D. Luman.

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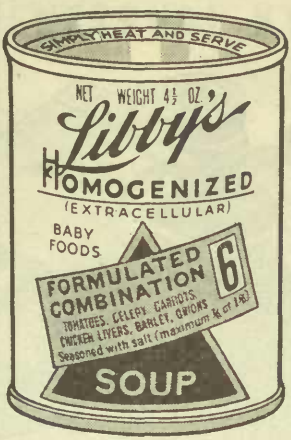

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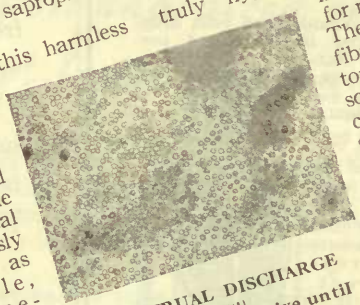

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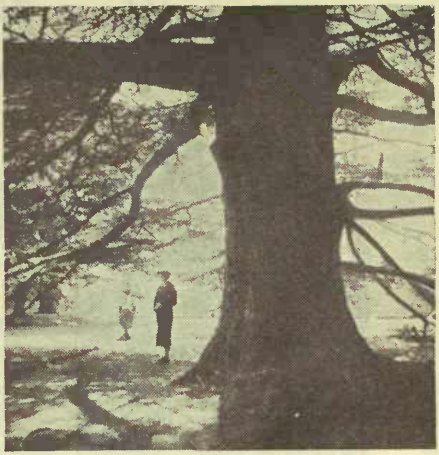

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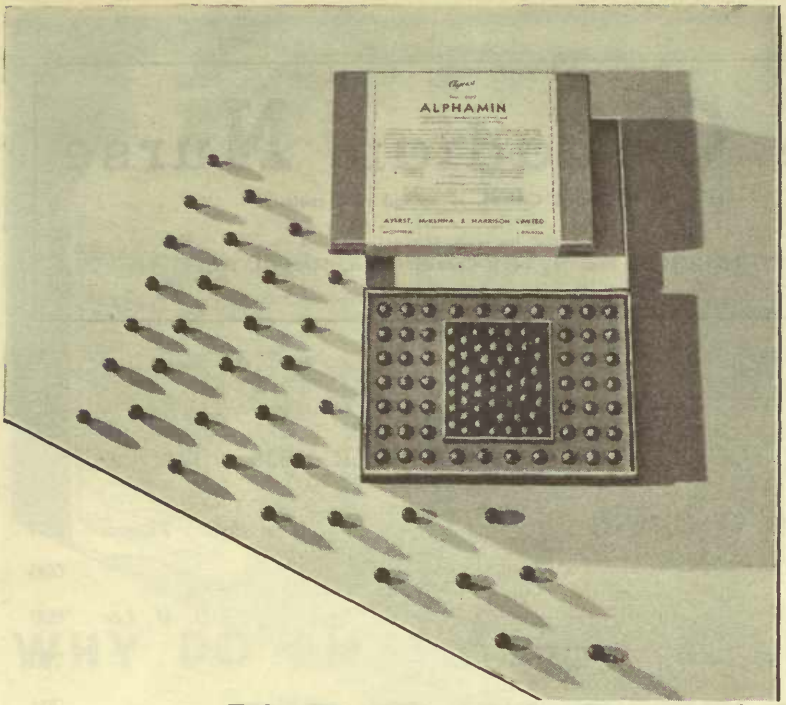

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PUBLISHED BY THE CANADIAN NURSES ASSOCIATION

VOLUME THIRTY-FOUR NUMBER TWELVE

DECEMBER 1938

Living on the Top of the World

ANNA ROKEBY-THOMAS, REG. N.
St. George's Mission, Cambridge Bay, Victoria Land

Victoria Land, a bleak island from whose shores Sir John Franklin looked to the westward and which proved the fatal obstacle to his conquest of the Northwest Passage, may well be described as being among the least known of all the inhabited arctic islands. The inhabited area (if it may so be called) is confined to the southern and western coasts, the interior being a veritable dark continent where, except for a short distance inland, no explorer has ever set foot.

Two white settlements, Walker Bay on the west coast and Cambridge Bay on the south-east, alone represent the advance of civilization, and it was not without some trepidation that I first saw the low rocky entrance to Cambridge Bay. After a journey of over three thousand miles from Guelph, Ontario, I had come by train to Waterways, then by plane to Coppermine, completing the trip by a voyage along the Arctic coast in the thirty-ton auxiliary schooner "Aklavik". It was evening as we sailed up the bay, and Mount Pelly, which for several hours had been looming larger and larger in the background, faded out in the descending gloom while the schooner came slowly up the uncharted waters to a safe anchorage.

A year has passed since those first impressions and the snow, with its attendant evil genius the blizzard, has come and gone, though the ice still lingers. As I write, it is the eighteenth day of July, but the Royal Canadian Mounted Police schooner "St. Roch" and the trading schooner "Nigalik" which have wintered here are still waiting for the ice to clear before they can get away. We have two months of combined spring, summer and fall—all the rest is winter. During the past few months, I have had time to look around me and to see something of this country of sparse population, no trees, nothing

but an expanse of loneliness, and to disagree with those who carelessly term it the "land that God forgot". True, the land is really desolate. Fish and game are scarce and only obtained after hard, hard, toil. But the indomitable fortitude of the Eskimo presents a magnificent example of human cheerfulness in adversity. I think it was Hugh Walpole who wrote: "It is not life that matters, but the courage that you bring to it". The Eskimos surely have need of the brave face that they turn towards life. Not only is there cold and famine to contend with, but disease as well, for that is one of the less desirable aspects of civilization that has come to them. Other features of Eskimo life may appeal more forcibly to the tourist or the non-professional resident but a nurse cannot help being impressed by this aspect.

In this connection, it should be born in mind that the Eskimos with whom the writer is concerned are those of the Coronation Gulf and Queen Maud Sea, more properly described as the Central Canadian Arctic, though often loosely classified with the Western Arctic. In the Western Arctic proper (Mackenzie Delta and the Eastern Arctic), disease is also a result of the contact of the

An Arctic wedding party

Eskimo with civilization but in those areas well equipped hospitals and adequate staffs are available and do extensive work. At the time of writing (July, 1937) the central Arctic has neither doctors nor hospitals and the only medical work done among the people is by the missionary, whose equipment and medical knowledge are not adequate for extensive and serious work. No nurses are available except at Cambridge Bay where the writer and the wife of one of the fur traders not only represent the nursing profession, but, with another woman neighbour, are the most northern white women residents in the British Empire. It might be mentioned that any assistance we are able to and glad to render is entirely voluntary, though very limited medical and surgical supplies are provided to the mission, free of charge, by the government, for work among the Eskimo.

The disease most in evidence is tuberculosis, which is very prevalent. The birth rate among the Eskimo is not high, infant mortality is excessive, and the death rate among the adults is heavier than normal. It is to be hoped, however, that the Government will in the near future see its way to make available for these people some of the scientific knowledge, medical and nursing skill, which other parts of the Canadian Arctic already enjoy, and which in the rest of the Dominion is a part of everyday life.

The following question must have come to the mind of the reader: With the northward advance of civilization are there any major causes for the spread of disease which could be traced and eliminated by prompt application of preventive measures? Granted that contact with civilization is inevitable, these are among those causes and they are both numerous and far-reaching. There has

been a depletion of game, especially caribou, and consequently the adoption of different styles of clothing and the use of cloth instead of caribou skins. There has been a change of diet from an exclusive use of meat and fish, to a mixed diet of fish, meat and flour, often improperly cooked or used in unbalanced proportions in unaccustomed digestive systems. The excessive use of tobacco, and very excessive tea drinking are also contributory. In some, though not many cases, the change from the comparatively sanitary and dry snow-houses to the use of poorly constructed and constantly damp board shacks, has not been the most desirable innovation. The snow houses, while not so warm, are what the Eskimo are accustomed to, and are just cold enough inside to keep dry in winter. The Eskimos have not enough fuel to keep the board shacks sufficiently warm to prevent frost forming inside the walls. Yet they do warm up enough at times to turn the frost into vapour, with the result that walls, floor, and ceiling become unpleasantly moist. The Eskimos simply do not understand the danger from a health point of view. Fortunately, in the summer, they live in tents of canvas or caribou skin.

How does one pass the time in the arctic? It is surprising what a lot there is to do. Lack of modern conveniences make heavy tasks of what would, in more civilized surroundings be mere details. Bread has to be baked and all cooking is done by coal fire or primus stove. The water in the bay is salt, so fresh water is hauled by boat from a nearby creek in summer, and blocks of ice are brought in by dog-sled in the winter, and melted in a forty-five gallon barrel.

These husky sleigh dogs are so big and friendly, in spite of some writers of lurid fiction, who, knowing nothing about them, have given them a reputation for ferocity. We have a big lead-dog "Currie" who shakes a paw and is just the kindest fellow, although if he should ever meet a fiction writer who says he is savage I would not answer for the consequences. However, tourists never come here and missionaries, police and fur-traders compose the entire white population, and all think the husky dog their best friend.

A husky dogteam

In summer the sun goes around in a large circle above us, and although it is pleasantly warm, there is always a cold wind blowing off the huge ice blocks. There have only been two days when it was warm enough to leave off our furs when outside. When there is no wind the mosquitoes, which are very large, are here by the millions. The arctic flowers are out in full bloom and I never appreciated flowers so much before. They are very small and wild, and I think of every shade, except red.

It seems a long time since we have had mail. The annual boat can't arrive too soon. The supplies come up the Mackenzie River and sometimes in August or September the supply boat comes along the coast. Last year it was frozen

in again by the end of September. Everyone craves for something fresh at this time. We have been eating fish caught in a creek which runs into the Bay. Eggs are in powder form, and potatoes and vegetables are all dried except for a few in cans. The freight charges on anything heavy are enormous so this accounts for coal being called "black diamonds" up here. There isn't a scrap of wood in the country and we save the packing boxes each year for starting the fires.

As time goes on I appreciate my training in our good Guelph General Hospital more and more. I didn't realize at the time just how much it would soon mean to me. We are perfectly happy and our hardships seem light in comparison with what the Eskimos have to endure. The church services are well attended and they are very fond of music. We have a portable organ which is a wonderful instrument in their estimation.

After all, the Arctic has its compensations. Think how nice it is to be living on top of the world!

Arctic Journey

By way of amplifying Mrs. Rokeby-Thomas's vivid sketch of life in the Arctic, we are adding material gathered from other sources. First come the following excerpts from an excellent article by Mr. Thomas Wayling, entitled "Arctic Journey" which appeared originally in "The C-I-L Oval," the official magazine of the Canadian Industries Limited. Kind permission to reprint this material and to use the author's striking photographs was courteously given by the editor.

The "Nascopie" taking on a crated polar bear
Courtesy of "C.I.L." Oval"

Somewhere in the Arctic, crashing through the ice or dodging icebergs, the Royal Mail Steamship *Nascopie* is out on the north patrol. This curve-stemmed, round-bottomed sealer, owned and operated by the Company of Gentlemen Adventurers trading into Hudson's Bay, is carrying a varied passenger list—and a diverse cargo.

The passengers include missionaries, who convert and guide the Eskimo spiritually; the Royal Canadian Mounted Police, who guide and direct the Eskimo morally; and medical officers, who keep the Eskimo well physically. Then there is the cargo, which carries such diverse supplies as ammunition and haircombs, salt and toothbrushes, bacon and eggs and pots of strawberry jam, packets of tea and biscuits in boxes, sacks of sugar and cans of milk, drums of oil and gasoline, canoes and whale boats with sails, gramophone records and radio batteries, stacks of books and magazines to while away the long Arctic evenings; all stowed in the holds or piled on deck.

Eskimo longshoremen *Courtesy of "C.I.L." Oval"*

The *Nascopie* sailed from Montreal in early July and she will call at the forty-five posts in the barren rock-strewn Arctic. Should she miss any of them by reason of ice or fog or storm, there will be short commons for a year. Seldom, however, does the little ice-breaker fail. A sea of ice may shut her off, for instance, from Cape Dorset but she doesn't turn back; her steel nose rams the ice and breaks a way through. If the ice is thick the rounded stem of the ship slides up and carries the keel itself on top of the ice. There is a breathless moment. The ship may keel over if the ice is too thick, or the old and sun-riddled ice may break under the weight of the ship, which smacks down to the sea again with a surging splash. When the ice fails to break, the specially built screw goes into reverse and draws the ship back; her armour-plated rudder is clamped fore and aft and becomes a shear to cut the ice behind.

The *Nascopie's* siren whoops into the vast stillness of the silent north as she approaches one of the far-scattered posts. She slows down while the leadsman calls out the depth. Then with a rush her anchor descends, splashes into the sea and disappears with fathom after fathom of steel anchor chain in chase.

When the anchor rattles down in the vicinity of a trading post or an R.C.M.P. station, kayaks, umiaks, whaleboats and motor boats converge from upshore and downshore. They have heard the ship's siren from afar, and the arrival of the *Nascopie* is one of the most important events of the year.

As they make the rocky shore the entire Eskimo population is there to assist in the unloading. There are no labour troubles in these Northern posts. Every Eskimo man, woman and child is a volunteer longshoreman—without pay. There are boxes of "Dominion" Ammunition for the R.C.M.P.; ammunition which may mean life or death for a "Mountie" on patrol. There is ammunition for the trading posts; ammunition for those Eskimos who can afford it. A good rifle and dependable ammunition mean safety, security, food and life itself to the Eskimo. No wonder, then, he is quite prepared to give the proceeds of many a long hunt and weeks of work to obtain these means of providing food and protection.

It is recorded that one Eskimo encampment ran short of food, and for three months found neither seal nor walrus, bird nor fish. They scraped the skin tents for particles of fat, and chewed their sealskin boots. The children got any spot of food that might be found until, at last, after an Eskimo had

"Pang", a husky pup

Courtesy of "C.I.L." Oval"

spent three days and three nights at a seal-hole, he got a seal and the danger of starvation passed.

Only for one month in the year is the inlet free of ice and a sharp watch is kept by the *Nascopie's* officers since the ice may close in without warning. Things happen swiftly in this land of ageless movement. A glacier may take eons to travel a few feet; but an Arctic storm may sweep down in as many minutes: so the unloading goes on all through the night. The day is long and almost meets the next day, reaching back into the middle of last night, and prolonged by the pale light which glimmers down from the ice.

Swinging south again, the *Nascopie* passes a bit of beach on the north end of Baffin Island where the sand is blood red—powdered garnet—ground out by the ice and washed up by the Arctic Sea.

Now and then a narwhal is sighted—the fat white whale whose single tusk projects forward half the length of its body. An Eskimo has gone out in his skin kayak and harpooned a narwhal but it was not a death wound and the fight is on. For hours the plucky little brown man fights but the big whale does not die; finally the R.C.M.P. officer put out from the ship with his rifle and ends the fight.

Further south again this northern freighter comes to Clyde River, a lonely little post where there is only one white man, the post manager for the Hudson's Bay Company. This is polar bear country and there are skins drying on every tupek and bear skulls lying about. The lower jaw of a polar bear makes a fine pen rack.

Maybe there are polar bears to be brought back from the Arctic for some zoo, and the cases containing them are handled with care, since it is dangerous to come within reach of a polar bear's jaw. The tip of his nose and his beady eyes are the only black spots breaking his shining whiteness and there is a legend that he puts his paw over his nose to hide it when stalking a seal. The polar bear is the only bear with fur on the bottom of his paws, forming a natural non-skid tread to keep him from sliding on the ice.

And so the *Nascopie* swings into Pangnirtung where there is a hospital maintained by the Anglican Chuch; then down again to Port Burwell to take on the furs she deposited there. From Burwell the last lap of her voyage takes her down to Halifax, her home port.

To provide the traditional happy ending to this story of adventure we now record the auspicious event which took place on board the *Nascopie* during the very voyage which Mr. Wayling describes so graphically. Miss Ella Wallace Jackson, a graduate of the School of Nursing of the Royal Victoria Hospital, Montreal, and a member of the class of 1934, was married to Mr. Thomas Henry Manning, a British explorer and scientist. The Right Reverend Archibald Fleming, (better known throughout Canada as "Archibald of the Arctic") officiated at the marriage ceremony. Mr. John Buchan, son of the Governor General of Canada, acted as best man. The bride's wedding ring was hammered out of iron by the Chief Engineer of the *Nascopie!*

Caesarean Section

D. M. Low, M.D.

Senior Assistant Obstetrician and Gynaecologist, Toronto General Hospital

It is the popular impression that the caesarean operation derived its name from Julius Caesar who is alleged to have been brought into the world in this manner. There is no evidence to support this story. The operation was in vogue long before he was born. It is also known that Julius Caesar's mother lived for many years after he was born. The name is derived from the Latin, *partus cesareus*, from *caedere*: to cut. There are references to caesarean operations in the folklore of early European races, and the evidence clearly points to the great antiquity of the procedure. Some of the historical facts connected with the development of the operation are rather interesting. The development may be divided into five periods:

1. Post-Mortem Law: From early times, the physician was commanded to remove the baby by means of an abdominal incision after the death of the mother. Such children or "cesones" as they were called, had separate burial. From the beginning of the sixteenth century, it was the custom to operate on the dead mother in the hope of delivering a living baby. There is some evidence that even as early as 1389 the operation was occasionally performed on the living patient and was sometimes successful in saving both the mother and child.

2. The year 1500 marks the first recorded evidence of Jakob Nufer, a Swiss swine gelder, who operated with success on his own wife after futile attempts to deliver by midwives and barber surgeons. Frau Nufer subsequently bore five more children. From the beginning of the seventeenth century, the operation gained in popularity as a last resort but the mortality was appallingly high, almost ninety percent. The Catholic Church favoured the operation because of the opportunity to baptise the baby. The first successful operation in America was performed by a Dr. Jesse Bennett of Virginia on his own wife because of contracted pelvis. She was given laudanum and held by two Negro women while the abdomen and uterus were opened by one stroke of the knife, the uterine wound closed by heavy twine, both ovaries removed and abdominal wound sutured. Both mother and child survived.

3. The year 1876 marks a signal advance by Poro of Pavia, who first conceived the radical idea of removing the uterus at the time of section.

4. In 1882, Sanger perfected the idea of suturing the uterus and with the advent of antisepsis and the perfection of technique, we have as a result the classical conservative section of to-day.

5. In 1907, Frank of Cologne devised an extra-peritoneal method of approach which led to the development by Beck and DeLee, on this continent, of the present-day low cervical section.

Today, we have four name types of sections performed, namely: (a) classical or high conservative section, (b) low cervical section, (c) Poro or caesarean hysterectomy, (d) extraperitoneal sections—very seldom done. Poro-sections are only done for certain special reasons, such as ruptured uterus or tumors and the sections that are commonly done today are usually either the so-called high or classical section and the low or cervical section.

A consideration of the maternal mortality from all types of caesarean sections makes one realize that the risk to the mother is considerably greater than vaginal deliveries. Skilful obstetricians are performing this operation with a maternal mortality of less than two percent, but in the hands of the general profession, the mortality ranges from five to ten percent and in some areas is known to reach twenty-five percent. To account for the discrepancy in the results of the trained obstetrician and the general surgeon, it is not enough to look to the technique of the operation; if this were all, there would be a greater approachment in the results. We are to look to the indications for the operation and to the conditions which should contradict it. A woman who is in fatigue from long labour, who has had many vaginal examinations, who is running a temperature above normal, or upon whom attempts have been made to deliver the baby by other means, such as the application of forceps or version, is no fit subject to undergo a caesarean operation. To perform the operation under such conditions, adds measurably to the risk to the mother's life. With insufficient training and practice in obstetrics, the doctor does not develop an obstetrical conscience and without proper obstetrical conscience or judgment, he is a menace to the expectant mother.

The list of so-called indications which have been used as reasons for the operation, is such a long one that competent obstetricians feel humiliated and of late years, authorities are continually trying to teach and emphasize that the proper indications for section fall under comparatively few headings. The attitude today should be that the indications for section can be listed under less than five or six main headings. For this, it is convenient to divide our indications under major and minor groups with reference to their frequency of occurrence.

Major Indications:

Disproportion: cases of either absolute or relative disproportion should comprise more than half of the indications in any series.

Previous section: "once a section, always a section," is a dictum which in most instances is a safe clinical rule.

Placenta praevia: a central placenta praevia is always best treated by section and in some situations, the lesser degree of praevia as well.

Accidental hemorrhage: a few of the most severe types of such cases are best treated by section which is frequently of Poro type.

Fibroid and ovarian tumours and malignant disease of ovary and osseous deformities and tumours are sometimes definite indications for section.

Minor Indications:

Toxemia: occasionally the acute fulminating pre-eclamptic type of patient, showing no improvement under treatment, is a candidate for section.

Heart disease: some specially selected cases of this type are best treated by section and sterilization at the same time.

Other occasional indications for section might be mentioned, such as prolapsed cord, breech in elderly primipara, habitual death-in-utero, as being sufficient reason for section, but for the most part, we should restrict our reasons for section to the comparatively few major indications.

If the operation is one of election, you are all familiar with the usual pre-operative preparations which are similar to the preparation for any laparotomy, except that the cleansing enema is usually given the morning of operation and not the night before, and catheterization of the bladder is performed just prior to starting the operation. Pre-operative sedative is usually limited to some mild sedative such as heroin gr. 1/12 about

forty-five minutes prior to operation. If the operation is not of election, but follows the so-called test of labour which is often carried out in the border line cases of disproportion, it is in these cases that proper medical and nursing care is most important. A properly conducted test of labour should mean that the patient is not subjected to needless vaginal examinations by her doctor. Accurate record is kept of her pulse and temperature and the patient encouraged by well-timed expressions of a cheerful and interested nurse. Her anxiety and pain is allayed by the judicious administration of sedatives and she is not allowed to become at any time dehydrated or exhausted by failure to supply fluids in the form of water and fruit juices. Attention to such details and the help of a kind and tactful nurse will keep the patient a good risk for section even at the end of a rather strenuous twenty-four hour test of labour. Where such tests of labour are carried out, (and they are frequently necessary), an efficient obstetrical nursing service, understanding the problem, is an inestimable boon to the obstetrician and of prime importance in the proper conduct and decision of such a case.

One can consider the nursing care following operation under two headings, (1) immediate care of the post-partum patient, (2) general post-operative care. The care of a patient immediately following delivery, is most important with regard to observation and prevention of post-partum hemorrhage, and the safeguarding of her recovery from the anaesthetic. This is equally true following either vaginal delivery or caesarean section. Here again, the trained obstetrical nursing service is of great safety to the patient and comfort to the obstetrician who knows that on such a service his patient will really receive proper supervision. Following her anaesthetic, no patient should ever be left alone for one second, until her breathing is regular and clear, her colour and pulse good, all vomiting ceased and the patient showing definite signs of consciousness. If any of these observations are not satisfactory, the nurse should summon assistance at once. No patient should ever be left by her obstetrician unless he is satisfied that the placenta is complete, and the uterus of good tone, and no unusual vaginal bleeding going on. Most patients usually receive hypodermic injections of pituitrin and ergometrine to stimulate and keep up proper tone, and for the first two hours following operation or delivery, most careful observation should be kept by the nurse of the colour and the pulse of the patient, the tone and position of the fundus and the amount of vaginal bleeding. If any of these observations are not normal, she should send for help and have the patient at once given pituitrin and ergometrine by hypodermic. The fundus should be massaged, the foot of the bed elevated and material for intravenous gotten ready. These precautions should be taken even before medical aid reaches the patient. Such efficient immediate care of the post-partum case should be thoroughly understood by the obstetrical nursing staff and if carried out at once, may well be life-saving. To put it simply, the proper recovery from anaesthesia and the prevention of undue loss of blood following delivery, are the two immediate essential cares of the nursing and medical service. In this connection, the medical staff should impress on the house staff that calls to an obstetrical floor are usually emergent and require prompt attention.

The general care of the patient following caesarean section is practically the same as following any laparatomy. Most patients are given sufficient sedation of either morphine or codeine at

intervals to relieve discomfort and promote rest. Careful attention that the patient either voids or is catheterized every eight to ten hours is given, to avoid discomfort and the occurrence of bladder retention with cystitis. Her fluid intake is kept up to 80-100 oz. each 24 hours, either by intake of fluids to drink or by intravenous, if necessary. No drastic purgation is necessary, and ordinary discomfort from intestinal cramps and slight distension is usually relieved by enemata on the second or third day. Indiscriminate and frequent use of enemata is discouraged and in fact is definitely contra-indicated where the patient is markedly distended, vomiting, and running an elevated temperature with the usual signs of some degree of peritonitis. Most of our patients, following section, are in bed for ten to twelve days, and as far as being able to nurse the baby, it would appear that probably less than the average of 50% of the patients are able to do so. Why the percentage of nursing mothers today is not greater, constitutes a problem of which I do not know the answer, but it is likely just another penalty incurred by our modern methods of living and our so-called civilization.

In conclusion, one must take some definite stand with regard to the operation of caesarean section and its proper role in obstetrical practice. In skilled hands, and with definite indications, the operation is indispensable to the welfare of the mother and child. It has done away with the mutilating operations of the pre-antiseptic days, and has been a means of saving countless lives. One condemns the abuse, not the use of the procedure. But because it is not without its danger and its discomforts, the operation should be resorted to only when it promises to be the safest procedure for the mother and child.

LONDON AT PRAYER

During the tense days of the last week in September, the people of London knew that they stood in the Valley of the Shadow of Death. Miss Elizabeth Montizambert, London correspondent of *The Montreal Gazette,* gives this vivid picture of London at prayer:

The Dean of Westminster with an innate sense of people's needs, kept the Abbey open day and night. Hour by hour the footsteps echoed round the tomb of the Unknown Warrior, as people of all ages, occupations and ranks paused to pray for peace in our time. Now and then they turn their eyes to the black marble slab and read those words that now seem doubly poignant:

Thus are commemorated the many multitudes who during the Great War of 1914-1918 gave the most that man can give: Life Itself, for God, for King and Country, for loved ones, Home and Empire, for the sacred Cause of Justice and the Freedom of the World. *They buried him among the kings because he had done good toward God and toward His House.*

In the evening the scene in the Abbey takes on a tender intimacy; the light from chandeliers high in the roof seems lost among the forest of pillars, while the glow of the two tall candles on the Warrior's Tomb falls on the bunch of roses laid at the foot of the slab. I have seen the Abbey filled with pageantry for three Royal weddings and a Coronation, but never at the moment of grandest ceremonial have its great spaces meant so much to the worshippers within the walls.

Armistice Day

Early on the morning of November 11 hundreds of people proceeded to Parliament Hill, in Ottawa, in order to attend the annual ceremony which marks Armistice Day. Among the throng were a number of women, a few in uniform, who pursued their way past the Peace Tower to the Cenotaph at the western entrance of the House of Commons. Within were gathered representatives of the Canadian Nurses Association, the Overseas Sisters Association of Canada, and its local units. Others represented the Women of the Canadian Legion, Ottawa branch; the student nurses from the local hospitals; hospital staff members, private duty nurses and others again from the various public health agencies in the area. All these were there to attend the brief ceremony held yearly before the Nurses Memorial. At the appointed time, preceded by an escort and led by Miss Gertrude Garvin and Miss Blanche Anderson representing the national organizations, the procession wended its way to the Hall of Fame, pausing at the entrance to collect the floral tributes to be placed at the base of the Memorial.

As the nurses formed a semi-circle and stood quietly in their places, the Reverend A. B. Menzies, M.C. offered a prayer and the following address was then given by the Reverend Alexander Ferguson who was formerly attached to the Scottish 51st Division and was later chaplain to the Argyle and Sutherland Highlanders:

Incredible as it seems to many of us, it is twenty years ago today since the Great War came to an end. Through the passing of time, memories have become dull and faint. Those most immediately affected by the War are gradually slipping away. A new generation has arisen that knows nothing of the amazing thankfulness and relief experienced on Armistice Day in 1918. There are some who even suggest that this annual observance should now be discontinued. But it is most fitting, and always will be, that on such a day as this we should renew a vow of mindfulness to the Fallen. For us who loved them, the memory of their courage, their loyalty, their giving of themselves will never die! *"These poured out the red sweet wine of youth, gave up the years of work and joy,"* and we can never forget the imperishable glory of their sacrifice.

Throughout this land, from coast to coast, War Memorials have been raised. We are standing now before one of the noblest of them. It is a true instinct that has led to the erection of such memorials. For while memory is fleeting, a memorial is lasting. It stands as a continual reminder, and ensures that these great happenings will never pass out of knowledge. Is it not right that future generations should be kept in remembrance that at a time of great danger when the very existence of our Empire was threatened, a vast number of men and women went forth at the call of duty, and that those whose names appear upon these memorials did not return, but with millions of others gave up their lives in the great cause?

As the years go on, we who took part in the fighting and the hardship and the grief of these years will pass away. But it is our desire that the bravery and the self-sacrifice of our fallen comrades shall never be forgotten. So their memory has been fixed in stone that we and those who shall come after us may always remember them gratefully, and be inspired to fashion a world of such a kind that their sacrifice will not have been made in vain!

Following the Benediction, there came a brief pause while the nurses looked once more at the Memorial surrounded by autumn flowers and poppies and to the right and left, the baskets of chrysanthemums deposited by the Na-

tional organizations. The procession then followed the escort to the place reserved facing the Cenotaph.

The ceremony followed the usual ritual and was the more impressive because of the recent threat to the peace of the nations. The Governor General of Canada reverently placed the first wreath upon the Cenotaph followed by Mrs. Catherine Lewis, representing the motherhood of Canada bereaved by the war. Next in order came the Prime Minister and after him many other representative persons. The sounding of the Last Post and of the Reveillé was as always, most impressive.

At the conclusion of the ceremony, representatives of the various nursing units returned to the Nurses Memorial in the Hall of Fame and remained standing until the vice-regal party reentered the building. With due solemnity the Guard of Honour approached, followed by His Excellency the Governor General, and The Lady Tweedsmuir. In the procession were the Prime Minister and other high officials. In token of reverence, a brief pause was made before the Memorial. Then the Ceremony was over and the nurses departed.

The Canadian Nurses Association was represented by Miss Gertrude Garvin, and by Miss Grace Tanner, chairman of District 8, Registered Nurses Association of Ontario. The Overseas Nurses Association was represented by Miss Blanche Anderson. The Women of the Legion chose as their representatives Miss M. Clarke and Mrs. E. M. Phillips; the Ottawa Unit was represented by Mrs. W. L. MacDermott and Miss E. L. Smellie.

Joint arrangements for this annual ceremony before the Nurses Memorial are made possible through the courteous co-operation of the Ottawa Branch of the Canadian Legion, notably Major Gregg, V. C. (Sergeant-at-Arms) and the President.

E. L. S.

OBITUARIES

Martha Baine,
bec, a graduate of the School of Nursing of Jeffery Hale's Hospital, Quebec, died on October 17, 1938. She was a member of the Class of 1926.

Martha Fraser, a valued member and former treasurer of the Saint John Chapter of the New Brunswick Association of Registered Nurses, died suddenly on September 11, 1938. Miss Fraser received her professional training in Cambridge, Mass. and for many years was in charge of the Nurses Registry in Saint John. Her death is deeply regretted and she will be greatly missed.

Constance C. McKinney died in Saint John, New Brunswick, on September 10, 1938. She was a valued member of the nursing staff of the Provincial Hospital and her death is deeply regretted by her family and friends. She obtained her professional training at the School of Nursing of the Children's Memorial Hospital, Montreal.

Christmas Candles!

In honour of Christmas, the *Journal* has lighted the nine candles which blaze merrily away, this month, on its front cover. Why should there be nine of them? Because there must be one for each of the Provincial Associations of Registered Nurses which together constitute the Canadian Nurses Association. Why place them in a branched candelabrum instead of ranging them separately in proud isolation? Because, burning together, they blend into the clear and steadfast flame of the Lamp, in the light of which we keep our vigil.

"Is Something Burning?"

In November, under the caption of The Student Nurses Page, an article appeared entitled "Is something burning?" written by two student nurses from the School of Nursing of the Montreal General Hospital. This described an experiment in the sterilization of surgical dressings as carried out in a private home. A few days after the *Journal* appeared, Miss Esther E. Lewis received the following letter from Miss Marie L. Johnson, Reg. N., Assistant Director of the Nursing Bureau of the Metropolitan Life Insurance Company, New York City:

> I cannot resist writing you to let you know how much interest was aroused by your students' article, "Is Something Burning?" in the November issue of *The Canadian Nurse*. Your experiment answers questions we are constantly receiving as to the adequacies of our procedures so that it is of great help to all of us to have studies of that type made. You are indeed to be congratulated on your student programme. I think too that Miss Coulter and Miss Ellis have done very well in writing an article as "meaty" as this one in so concise a manner.

It was not easy to persuade Miss Lewis to let us publish this letter but we finally convinced her that commendation from such an authoritative source might encourage other student groups to undertake controlled experimentation along similar lines. Perhaps if we made open confession, we should also have to admit that it is heartening to know that our colleagues on the other side of the border find *The Canadian Nurse* worth reading.

Reader's Guide

Our readers will find the article on "Caesarean Section" which appears in this issue both interesting and informative. The *Journal* is deeply indebted to its author, Dr. D. M. Low, who is a recognized authority in this particular field. Δ At the time that "Living on the Top of the World" was written, Mrs. Rokeby-Thomas was one of the "farthest north" women residents of the British Empire. She is a graduate of the School of Nursing of the Guelph General Hospital. Δ From time to time there comes to the editor's desk a publication called "The C.I.L. Oval". This is the magazine published by the Canadian Industries Limited, a great business firm which deals in products as widely different as Cellophane and salt, spot-resisting materials for uniforms, and high explosives. The moment "C.I.L. Oval" arrives we drop everything and gaze with a covetous eye upon the gorgeous illustrations which adorn its pages. One day we summoned up our courage and asked permission to borrow some of them. That is why we are able to tell you about the voyage of "The Nascopie"—and the iron wedding ring!

Personality Development of the Preschool Child

ARTHUR M. GEE, M.D.
Psychiatrist, Provincial Mental Hospital, Essondale, B. C.

At no period of life is the scope of promoting mental health greater than during the preschool period. Yet, important as this stage of personality development is, it receives less attention than any of the later developmental stages because there is no organized supervision during the child's life before he enters school. The work of mental hygiene leads us into the home, the school, and into industry. It studies men and women, boys and girls, in their natural surroundings and in their everyday life. We are, then, dependent more and more upon the assistance and the keen powers of observation, of the social service worker. the various agencies, and the public health nurse.

Mental health may be defined as follows: "The adjustment of individuals to the world and to each other with a maximum of effectiveness and happiness. It is the ability to maintain an even temper, an alert intelligence, socially considerate behaviour, and a happy disposition." As long as we can adjust ourselves to our everyday life situations we may be regarded as normal. In other words the proof of the pudding is in the eating.

Our present day conception of psychiatry and mental hygiene is based on what is known as psychobiology — a formidable word but simple in meaning — a combination of the words psychology and biology. Psychobiology treats human beings as individuals or personalities made up of an inseparable body and mind, and, in examining an individual as a psychiatric problem, it is therefore essential that the whole individual be studied. The mental development of the child is so closely tied up with his physical development, his home, his parents, brothers and sisters, and all that goes to make up his environment that all these factors play a definite part in forming and moulding him. The end result we express in the word "personality".

We know that the basic fundamentals from which personality is derived are laid down in early childhood. Probably at no other period of life does the individual develop and learn so rapidly as during the first five years of childhood. Doting parents are amazed and bewildered at the rapid progress the infant makes in physical and mental development, in comprehension, in the unfolding of personality, and in the ability to do things that attract his attention and interest. It is imperative therefore that these years be consciously utilized for developing physical and emotional habits which will be useful and constructive and which will not handicap and constrict the proper evolution of personality. Because so few parents realize the value of health training during these impressionable years, or have the necessary knowledge, it is especially important that those organized community activities which reach the preschool child and his parents shall give equal consideration to the hygiene of mental and emotional development as well as the physical.

Personality is the result of that which we have been born with and that which we have lived through. Our personalities are continually changing and we continually add to them as a result of every life experience. But by the time we reach mature adult life our patterns of reaction are fairly well fixed and less flexible. It is during these early years

of life that the pattern is cut to which our later lives will conform. Let us then consider these early formative years and see how personality is derived and how we make use of this knowledge in our clinical investigation and therapy.

Personality is derived from five basic elements — the basis for the first four being inherited while the fifth is acquired.

1. *Physique*: We look upon physique as being a basic inherited quality inasmuch as we inherit a definite physical type of body. It has been definitely established that certain physical types of body are associated with certain personality types, again demonstrating the close association to the physical and mental aspects of life. We also inherit a varying susceptibility or resistance to certain diseases.

In an analysis of a group of problem children, physical defects rank high as causative factors. Thus Johnny's truancy from school, and subsequent running away from home, may be due to any one of a number of physical causes such as partial deafness, defective vision or poor nutrition. These handicaps are barriers to successful school work, and ultimately create an intolerable situation from which the only means of escape is running away. The same escape mechanism works in the adult in the production of functional mental disorders; they are regarded as a means of escape. The alcoholic drinks to give himself a lift over the hard places of life. Normal people have other means of escape, by means of literature, music, the theatre, club activities, hobbies and so on. Johnny's only method of escape is to run away.

Our business is to find the reasons behind these conduct disorders and remove them where possible. In the personality development of the pre-school child, the first requisite therefore is a healthy properly functioning physique. Therefore, in our Child Guidance Clinic, our first investigation is physical, and therapy is first directed towards remedying physical defects.

2. *Intelligence*: The second basic element in personality formation is intelligence. This again is an inherited quality. We are born with certain definite pre-determined potentialities for mental development. Our next study of the patient is therefore a psychometric examination, in other words a scientific evaluation of the individual's intellectual equipment. Obviously a fourteen-year-old child with a ten-year-old mind is going to present real problems in school. These problems may simply be repeated failures or they may be of a delinquent nature, bringing the boy before the Juvenile Court. Punishment of an offender of this type has little or no effect. Removal of his intolerable school situation, and the direction of his interests along mechanical or other lines adapted to his mental ability will, in all probability, solve his problems and make him a useful citizen.

3. *Emotion*: The third basic inherited element entering into personality formation is emotion. A sound body and a good intelligence are important requisites of a normal healthy happy individual. Of equal importance is a healthy and mature emotional life. The strong emotional response of adults to the beguiling appeal of infants and young children tends to make it extremely difficult for them to regard this important period in the developing personality of the child with due seriousness. A child's emotional growth in some ways parallels his physical growth. Infancy is a state of complete physical and emotional dependence upon the mother. As the child grows older he develops from the infant in arms to the toddler, the sturdy school boy, the venturesome youth, and finally the independence of man, to whom home and mother are only an oc-

casional refuge. Similarly the child must progress through the various stages of emotional growth and maturity to emotional security and independence. The success with which this kind of weaning is achieved is to a large extent a measure of sound emotional maturity. Too frequently the mother dislikes to see her child becoming emotionally independent of her and hinders his proper development by hindering his emotional independence. Fortunate is the child who is succeeded by a younger brother or sister so that his mother may still have a babe in arms while he begins to develop his own resources. The proper emotional development and maturity is an essential factor in personality formation and particularly so during the preschool period of life.

4. *Instinct*: The fourth basic element of personality is instinct. Instinct is unlearned behaviour. It is knowledge that we are born with. Animals are superior to us inasmuch as they have better developed instincts and are able to live a life of instinct. But we are far superior to them because we have a mind and intelligence to govern our actions. It is unfortunate, however, when a human being has not the mental equipment to control his natural instinctive urges. This usually accounts for those cases which are brought to us on account of sex misdemeanours.

These first four factors, from which personality is developed, are inherited qualities. It is within our power to mould them, and they are greatly influenced in the early pre-school personality formation but nevertheless these basic qualities are inherited. The fifth and possibly most important personality factor is not inherited but acquired, namely habit.

5. *Habit*: We are born without habits and we spend the greater part of our lives acquiring habits, good or bad. The baby spends his first years learning habits of nursing, habits of eating, habits of hygiene, walking and talking. Slowly the personality begins to unfold as the child begins to feel his security and realizes he is an individual within the family constellation. With increasing emotional maturity, he is gradually weaned away from his complete physical and emotional dependence upon his mother. The day comes when he must step out from his home and its security to enter a new world at school, where he is thrown more or less on his own resources. Here he learns new habit patterns. The foundation that he has received during his preschool life will to a great extent form the pattern to which his later life will conform. The problem of personality formation and character building is not a matter of specific teaching but of offering children at each level of their development appropriate opportunity for learning, through direct participation and experience. Parents cannot hope to live one way and instruct their children in another. Children, in their personality formation, will reflect their home and their parents in spite of every effort to teach them better. As soon as a child is born, the home itself begins creating in him a spiritual climate, teaching him basic reactions to life which will late govern his conduct.

In our Clinic last year a total of 574 children were presented for guidance. Their various problems might be grouped under four headings:

1. *Home difficulties*: temper tantrums, erratic behaviour, nervousness, tics and mannerisms, disobedience, lying, incorrigibility, seclusiveness, enuresis, etc.

2. *School difficulties*: truancy, misconduct, retardation, reading disability, speech disorders, etc.

3. *Social difficulties*: stealing, breaking and entering, running away, anti-

social behaviour, sex offences, etc.

4. *Physical and mental disorders*: chorea, epilepsy, head injury, mental disease, etc.

We wish our children to be sane, and we wish them to be civilized. Mental health should be the ultimate goal of all civilization whether it be applied to individuals, communities or nations. Mental health applied to nations would preclude the possibilities of war and strife. Applied to individuals, it promotes health and happiness—and the most important part of life, in so far as mental health is concerned, is the preschool period.

INTERESTING APPOINTMENTS

Margaret Stewart Fraser has been appointed to succeed Miss F. Munroe as superintendent of nurses and principal of the School of Nursing in the Royal Alexandra Hospital, Edmonton, Alberta. Miss Fraser is herself a graduate of the School of which she is now the principal and brings to her new duties a sound academic preparation as well as a rich professional experience. She holds the degree of Bachelor of Science in Nursing conferred by Columbia University and, in addition, the Teacher's Certificate granted by Teachers College. Successively, Miss Fraser has rendered excellent service as instructor in theory in the Schools of Nursing associated with the Vancouver General Hospital, the Winnipeg General Hospital, and the Hartford Hospital, Hartford, Connecticut. In 1934 she returned to her own Hospital in the capacity of instructor and in 1937 became assistant superintendent of nurses. Her recent promotion is the logical outcome of this fine record of achievement. Miss Fraser has always been interested in the work of nursing organizations. She has served as president of her own Alumnae Association and at present is second vice-president of the Alberta Association of Registered Nurses.

Miss Fraser's first assistant will be Miss Gertrude Allyn, (R.A.H., 1927) who recently took post-graduate work at the Royal Victoria Montreal Maternity Hospital. Miss L. Einarson, (R.A.H., 1937), who recently completed her course at McGill University School of Nursing, will act as instructor in the principles and practice of nursing.

The School of Nursing of the Royal Alexandra Hospital has always enjoyed an excellent reputation and further progress may confidently be expected. Miss Fraser's steadfast and well poised personality will go far towards ensuring her success.

Margaret S. Fraser

AN IMPORTANT STEP

The Department of Health of the City of London, Ontario, has recently reorganized its public health nursing service. Formerly administered on specialized lines, it now affords a generalized service. Miss Cora M. Taylor, who has recently been appointed as director, is a graduate of the School of Nursing of the Hamilton General Hospital and has also taken the course in Public Health Nursing offered by the School of Nursing of the University of Toronto. She brings to her new duties the personal qualities, as well as the professional preparation and experience, which will go far toward assuring her success.

In commenting upon her appointment the Medical Officer of Health, Dr. C. A. Harris, writes as follows:

The appointment of a Director of Nursing Services in our Department was made necessary by a change in the service from a specialized service to a generalized service, dividing the city into nine districts. The change of service did not include the School Nursing Service under Dr. Wilkie. We hope that some time, in the not too distant future, this can be accomplished.

By reason of the very generous arrangement with the Provincial Department of Health we had with us Miss Pennock from June until October. In that time our plan of procedure was fairly well established but there still remain many details to be worked out.

Miss Cora M. Taylor, who was Assistant Director in the City of Hamilton, has had many years of experience in all the departments of a generalized nursing service. She has an intimate knowledge of the detail of the different phases of health nursing as well as being an untiring and conscientious worker for the good of the department. Her staff consists of ten nurses and one physiotherapist. If she had the school nursing service there would be sixteen nurses, dividing the city in fifteen districts instead of nine, which would be more desirable as the division into nine districts make them pretty heavy.

We feel that we have made no mistake in the change of service and also that we have made no mistake in the choice of Miss Taylor as Director of the Service.

ONE OF OUR INTERNATIONALS

Miss Maisie K. Miller, one of "Canada's Internationals" has recently been appointed assistant to the superintendent of nurses of the Victoria General Hospital, Halifax, Nova Scotia. In 1937 Miss Miller was given the scholarship awarded annually by the Canadian Nurses Association, which enables the holder to take the courses offered in London under the auspices of the Florence Nightingale International Foundation. It is very satisfactory to note that she will be able to use the knowledge and experience thus gained for the benefit of one of the largest schools of nursing in the Maritimes.

THE R. N. A. O. BLOSSOMS OUT!

By courtesy of Miss C. E. Brewster, president of the Registered Nurses Association of Ontario, we have the pleasure of announcing that the headquarters of the Association are now established in an appropriate setting. We take this opportunity of congratulating the Association at large, and particularly its executive-secretary, Miss Matilda E. Fitzgerald. Through the years, Miss Fitzgerald has carried on her duties with quiet competence even under the handicap of a crowded and unsuitable working environment. Nevertheless, at every meeting of the Association all her material was produced with as cool an efficiency as though it had been prepared in a spacious office, equipped with all the latest gadgets. It must indeed be a great satisfaction to her to realize that the new office has been made possible largely as the result of her own self-sacrificing and effective work on behalf of the Association.

Here is the official announcement:

The members of the Registered Nurses Association of Ontario will be interested to learn of the acquisition of office quarters of "our very own". With finances "out of the red", it has been made possible to assume the rental of office space in room 765 of the Physicians & Surgeons Building, 86 Bloor Street West, Toronto, available December 1, 1938.

This location would appear to be particularly suitable, in that it is centrally located and readily accessible from every part of the city of Toronto. Moreover, it is in the same building as the Central Registry for Graduate Nurses, and within walking distance of the office of the Director of Nurse Registration at the Parliament Buildings.

It is hoped that individual members will take full advantage of this accommodation to seek information concerning any question pertaining to the Registered Nurses Association of Ontario.

THE SMOKE STILL RISES!

I happen to be an old fossil who uses neither "likker nor terbacker", but perhaps I may be allowed to comment briefly upon the enlightening contribution made by Miss Bridges to the discussion on nurses and smoking. I too would ask for a saving grace! Gelett Burgess, in a recent article, has put the whole case far better than I can. So I quote freely:

Women don't know HOW *to smoke.* They're not even amateurs, bless them, they're comedians. To a woman a cigarette is something to be waved in the air like a flag. Her whole technique is mechanical and self-conscious. The act of lighting a cigarette, usually brings out a daring long-repressed desire on a woman's face. Her expression says as plainly as words, "Look at me! I'm free now to do as I please. And I please to do as men do".

Women don't know WHY *they smoke.* Men spoke simply because they enjoy it. Most women smoke because men do and it's the vogue. Smoking with most women is still a symbolic act of emancipation and not a genuine satisfaction in itself. And it can't be denied that, artificial as it is, it has

done women some good. It has broken up inhibitions and kept many an innocent spinster from appearing old and stiff and cheerless. It is a good diversion for women's overflow of nervous energy; it puts them more at ease and gives them something to do in company besides talk.

Women don't know WHERE *to smoke.* Women nowadays smoke everywhere, in elevators, in sickrooms and hospitals, department stores, college classes and lecture halls, at weddings, and, for all I know, at funerals. I have no doubt that if not forcibly prevented, they would smoke in powder magazines. As a rule gentlemen don't inflict the odour of tobacco where it is objectionable. They are bred to ask whether anyone, and especially a lady, is displeased or made uncomfortable, before they light up. But I ask you: who has ever heard a woman ask for permission of her hostess, her guest, or even of her seniors or social superiors? Women, in fact, have brushed aside all traditions of courtesy and consideration when they smoke.

Many women have told me, in New York, in London and Paris, that it isn't the men they fear to invite to their homes half so much as the women, and especially the headstrong unbridled girls of to-day. It's a lucky hostess, who, despite the most generous distribution of ash-trays, doesn't find when her young guests are gone, an ugly patch of blistered varnish on the polished top of her beautiful piano or a burned hole in her priceless Spanish lace tablecloth.

Women don't know WHEN *to smoke.* One frequently sees dear old ladies sit down in a restaurant and ostentatiously light cigarettes before ordering food. And who hasn't seen girls eating with a fork in one hand and a cigarette in the other? Most men, even when heavy smokers, care too much for their dinners to smoke until after eating, when tobacco tastes best. But for women the important thing at table is to have some one see them lighting and brandishing a cigarette.

The orgy will probably continue until they all have black teeth and yellow fingers and no lungs to speak of. Our women may become able aviators, policemen, or deep-sea divers. They may learn to chew navy plug and swallow swords. But no matter how pretty a damsel may be, there are two things she attempts in emulation of men, which always make her seem to me ridiculous. One is wearing trousers, and the other is—smoking.

To all of which I say Amen!

M.I.

WANTED

A qualified Instructress of Nurses for the School of Nursing of the Glace Bay General Hospital, Glace Bay, N. S. Please state qualifications, experience, and salary expected. Applications will be received until December 15 and should be addressed to Miss R. S. McDonald, Superintendent.

HARDY PIONEERS

What is more interesting in nursing than working among hardy pioneers who live in cabin homes built in sparsely settled areas; wresting a living by the sweat of their brow, working from morn till sunset and paving the way for future generations by clearing land and tilling the soil. Such were my thoughts one morning recently as I wended my way, kit in hand, to one of those pioneer dwellings.

I had been called to visit a woman suffering from a severe headache, and I found her complaining of pains in her back, impaired vision and vertigo. As she was five months pregnant, all symptoms indicated a case of threatening eclampsia. I hastily telephoned a doctor and told him my story. He advised her removal to hospital. I carried out his orders and the patient, after receiving proper care and treatment, recovered. But what would have happened if she had remained at home without medical attention?

Another recent experience was a hurried call to a colony twelve miles distant, the only available means of transportation being a truck wagon. No other kind of vehicle could possibly get by on that road. After three hours of being jolted about, I arrived just in time to deliver my patient of an eight-pound baby girl. After remaining with her for a while and making her comfortable I made several other visits, instructing prospective mothers in pre-natal care. Then I went back to my home.

These are only two of many experiences, but I feel amply rewarded when I see those poor people, who manage to make a living under hard circumstances, say with a smiling countenance, "Thank you, nurse, and God bless you".

Margaret A. Branch,
South Bathurst, N.B.

A STIMULATING EVENT

A very successful Refresher Course was held recently under the auspices of the Public Health Nursing Service of the New Brunswick Department of Health. Among those participating in the programme were Dr. P. H. Laporte, Minister of Health and Labour; Dr. W. Warwick, Chief Medical Officer; Dr. R. A. H. Mackeen, Provincial Pathologist; and Dr. R. J. Collins, Superintendent Saint John County Tuberculosis Sanatorium. The visiting lecturers were Miss Mary Mathewson, associate director, School of Nursing, McGill University; Miss Marion Harlow, nutritionist for the Montreal Branch of the Victorian Order of Nurses, and Miss Winnifred Dawson, eastern supervisor of the Victorian Order of Nurses. One of the most stimulating features of the programme was a playlet, "The Home Visit of the Tuberculosis Public Health Nurse". This was directed by Miss Ellen Melrose, one of the local nurses who is active in the Theatre Guild. Two of the parts were taken by members of the Saint John Branch of the Victorian Order Nurses, Miss Hilda Morrill and Miss Edna Henderson. This playlet was originally seen at the Canadian Public Health Association in Toronto in 1935 and was secured from the Ontario Public Health Nursing Service.

The course was given under the general direction of Miss Huilota Dykeman, director of public health nursing service, and was greatly enjoyed.

Florence Nightingale International Foundation Scholarship

A scholarship to the value of twelve hundred and fifty dollars ($1250.00) is offered by the Canadian Nurses Association to one of its members for the purpose of taking a graduate course, for the session of 1939-1940, at Bedford College in conjunction with the College of Nursing, London, England, under the auspices of the Florence Nightingale International Foundation. This scholarship provides for tuition fees and for living expenses at Florence Nightingale International House.

Courses are available to meet the needs of individual students who wish to qualify in the various nursing fields of teaching, administration and public health. The number of lecture subjects which any student shall carry shall be a minimum of four and a maximum of six.

Applicants must hold a matriculation standing recognised as entrance to a Canadian university. They must be graduates of approved schools of nursing and be registered in the Province in which they reside. They must have had at least two years of professional experience following graduation and have participated in some phase of nurses' organisation work. The age limit is forty-one (41) years.

Application blanks and calendars giving full information concerning the courses may be had on request from The Executive Secretary, Canadian Nurses Association, 1411 Crescent Street, Montreal, Que., to whom completed applications should be returned not later than January 15, 1939, together with the necessary forms and credentials.

The decision of the Scholarship Award Committee in the selection of the successful candidate will be announced in *The Canadian Nurse*.

Outline of International Courses for Nurses

Group A.

(1) **Public Health Nursing**; (2) Family Case Work; (3) Principles of Hospital and Training School Administration.

Group B.

(1) Personal Hygiene and Preventive Medicine; (2) Social Conditions and Social Administration; (3) General Psychology; (4) Applied Psychology; (5) Ethical Principals and Practical Problems; (6) Physiology.

Group C.

(1) A Comparative Study of Modern Industrial Problems; (2) Principles of Education and Methods of Teaching; (3) History of Nursing; (4) Eugenics; (5) Tuberculosis; (6) Nutrition; (7) Public Health Administration; (8) Maternity and Child Welfare; (9) Psychiatry.

Every student will be required to take at least four courses; of these one, and one only, must be selected from Group A, and one at least from Group B. Unless special permission is given students will not be allowed to undertake more than six courses.

The selection of subjects shall be made in consultation with the Director of Studies. The final decision shall rest with the Organisation Committee of Bedford College for Women.

In the case of students with exceptional academic or other qualifications special courses of study may be arranged, but only if application has been made and particulars have been supplied before coming to England.

STUDENT NURSES PAGE

THIS NIGHT LIFE

PHYLLIS VARLEY
School of Nursing, Royal Victoria Hospital, Montreal

It was her first night duty, a neurological ward. The evening rush was over, her senior nurse was at dinner and for the first time in her ten months of training, she was alone on a ward—"the nurse in charge". She sat straight at the desk, trying to feel as calm and efficient as she hoped she appeared.

A sudden cry startled her. It wouldn't be—surely it couldn't be—that one of the epileptic patients was having a seizure. Her thumping heart practically propelled her into the ward and to the bedside of a rigid flexed body. In a few minutes it was all over and she was at the desk again.

It had actually happened—she had been faced with an emergency. She had done what she had been taught and, wonder of wonders, it had worked! It was a little thing she knew, but she felt that this one achievement of her own meant more to her feeling of self-assurance than many hours of the day's routine could possibly have done.

And it was just a few nights later that a small boy was hit by a careening truck and brought unconscious to her ward, a skull laceration his souvenir of the contact with a sharp bumper. The suturing that followed, with all its set-up and instruments, was a revelation to the little nurse. She watched each step, her eyes fascinated—and she even dared ask the doctor a question or two!

For the ward at night is different. A small "blue cap" may ask questions and know that everyone is not too busy to try and answer them, to try and show her a few of the things she has been longing to know. As the nights passed in quick succession, each one brought its own experiences.

The day's routine had allowed no time or opportunity for such things. There had so often been that feeling that she was just a cog in the machinery with a certain amount of work to do in a certain length of time. At night there was a new perspective, a feeling of personal responsibility, of personal achievement. Working through the long, dark hours, with a very sick patient, produced a feeling of satisfaction—and almost of companionship—that she had never felt before. The spirit of nursing can more truly be felt at night.

There, were blunders, to be sure. Times when she whispered to herself, "Oh, if only I had known—if only someone had told me!" Then, too, there were disadvantages in this nocturnal life. Days of restless tossing on her bed were followed by busy, tiring nights. Appetite was an unknown quantity, and a stubborn cold absolutely refused to be cured. Social contacts were at a minimum or ceased to exist at all. But life itself is made of these ups and downs—so why not nursing?

There were times when the nurse felt that everything else faded into insignificance at the sight of the early morning sun behind the mountains, the pearly mist lifting over the river, the calm, clear air and the muted hush in the city below. Often she thought to herself—"To think that this happens every morning and so many people never know!"

The weeks passed—her first night duty would soon be behind her. There would be other sessions but she would face them with more confidence, a very small nurse whose head was rapidly being filled with the wisdom of experience.

NIGHT REPORT

PATRICIA BYRNES

School of Nursing, Royal Victoria Hospital, Montreal

"I could write a book about night duty", said the student with much emphasis, "and I would call it 'Night Duty', its joys and sorrows. I suspect the sorrows would come first, too". My book would begin with those special qualities a night nurse should have. She needs all the usual nursing virtues, but especially does she need common sense, presence of mind, and a well developed sense of responsibility.

The ward is hers for twelve hours, and the care and comfort of the patients depends upon her. Ambulance cases come in at the rush hour of bedtime. The neurotic becomes hysterical, the heart case insists on donning his long winter woollies, his bowler hat and shoes, and prepares to leave for parts unknown. She needs, too, the ability to organize her work, to select essential needs and put first things first.

The night nurse must be quick to note symptoms and report them, she must be always vigilant. And she must have a good old-fashioned conscience since there is no one to watch and warn that the quickest way of doing things is not always the best.

A chapter in my book would tell of opportunities of learning and serving. There are more of them on night duty. There are the few spare moments to study case histories and really learn something about the patient. The pneumonia patient and his important night care play a big part in the nurse's education. Will she ever forget the signs of a perforated gastric ulcer and its emergent treatment?

My book would give space to the joys of nursing. There are some. People and their peculiar ways are always fascinating. Daytime freedom means much to the night nurse, and lifting glimpses of sunrise and the new moon. She becomes almost friendly with the stars, meeting them in their accustomed place each night.

Patients are friendly, too, and grateful for night care. There seems to be a certain warmth of feeling between the night nurse and her charges. They depend upon her and trust her youth and inexperience in the most heart-warming way. What could be more satisfying after a hard struggle or a busy night than to hear a tired voice whisper. "I'm so much more comfortable now" or "Gee, nurse, you're swell".

Notes From the National Office

Contributed by JEAN S. WILSON,
Executive Secretary, The Canadian Nurses Association

It is deemed fitting in these *Notes* for the December issue, following a biennial meeting of the Canadian Nurses Association, to bring to the attention of the members of the Provincial Registered Nurses Associations (the units which in federation comprise the C.N.A.) the programme of activities for the current biennial period.

The business of the Association between biennial meetings becomes the responsibility of the Executive Committee. This Committee consists of the elected officers, the chairmen of the national section on private duty, nursing education and public health, the chairmen of each of the corresponding provincial sections, the presidents of the provincial associations and the immediate past president of the Association.

The major part of the programme of activities arises from decisions made at a biennial meeting. It is customary for the Executive Committee to delegate the study of projects to special committees. The personnel of these committees are selected by the Executive and whenever the policies of the provincial associations may be involved, each organization is invited to appoint a representative.

The special committees for 1938 to 1940, the year when first organized, together with their function and personnel, as can be announced on November 5th, are as follows:

Exchange of Nurses Committee (1932): To arrange for exchange of members of the C.N.A. with nursing organizations in English-speaking countries affiliated with the International Council of Nurses. Convener, Mabel K. Holt, Montreal; Grace M. Fairley, Vancouver; Catherine Lynch, Winnipeg; Jean E. Browne, Florence H. M. Emory, Toronto; Elizabeth L. Smellie, Ottawa; Marion Lindeburgh, Fanny Munroe, Marion Nash, and Jean S. Wilson (Secretary), Montreal.

Florence Nightingale Memorial Committee (1932): To collect funds for the Florence Nightingale International Foundation in support of the Scholarship and Endowment, as pledged by the C.N.A. in 1934, and reaffirmed in 1938 for an additional four-year period. Convener, Kathleen I. Sanderson, 1105 Park Drive, Vancouver; Gertrude Allyn (Alta.); Elizabeth Stoddart (B.C.); Ruby Dickie (Man.); Edna Dickson (N.B.); Muriel Graham (N.S.); Agnes Neill (Ont.); Mae King (P.E.I.); Mabel K. Holt (Que.); Saskatchewan representative to be appointed.

Scholarship Award Committee (1934): To select, from among candidates who make application, a scholarship student for the courses offered by the Florence Nightingale Foundation. Convener, Marion Lindeburgh, School of Nursing, McGill University, Montreal; Grace M. Fairley and Kathleen I. Sanderson, Vancouver; Agnes Macleod, Edmonton; Sister Mary Peter, Antigonish.

Curriculum for Nurses-in-Training in Mental Hospitals Committee (1934): To assist in the outlining of courses for nurses, graduates and undergraduate, and the training of attendants in mental hospitals. This Commit-

tee was appointed in response to a request from the Canadian National Committee on Mental Hygiene. The personnel has remained the same since first formed: Convener, Nettie D. Fidler, 7 Queen's Park, Toronto; Marion Lindeburgh and E. Frances Upton, Montreal.

Mary Agnes Snively Memorial Committee (1934): To aid the Executive in the selection of nurses on whom the medal in memory of the founder of the C.N.A. is to be bestowed. Convener, Jean E. Browne, 621 Jarvis Street, Toronto; Elizabeth L. Smellie, Ottawa and Jean S. Wilson, Montreal.

Health Insurance and Nursing Service Committee (1934): To make a study of and to keep closely in touch with health insurance schemes; to have information available as may be required by the Association in the event of the adoption of a general plan of health insurance, federal or provincial. Convener, Margaret Kerr, Eburne. Other members not yet appointed.

Legislation Committee (1935): Advisory to the Executive Committee concerning legislation measures. The present Committee is studying a recommendation arising from the General Meeting 1938, namely; That the Canadian Nurses Association become incorporated. Convener, Mary Millman, 7 Queen's Park, Toronto; Edith MacP. Dickson, Jean I. Gunn, Jean E. Browne and Florence H. M. Emory, Toronto. Each of these four members is a past president of the C.N.A.

Community Nursing Service Bureaux Committee (1936): During 1936 to 1938 this Committee conferred with the Victorian Order of Nurses for Canada in respect to the establishing of community nursing service bureaux, following which a Joint Advisory Committee of these two national organizations was formed to further the promotion of an experiment in these bureaux. At the General Meeting in 1938, it was decided the C.N.A. Committee should be continued with the same personnel: Convener, Ruby M. Simpson, Regina; Jean I. Gunn, Edna Moore, Ethel Cryderman, Toronto; Gertrude Bennett, Jean Church, Ottawa; Margaret Fraser (Alta.); Mabel Gray (B.C.); Gertrude Hall (Man.); Margaret Murdoch (N.B.); Ellen Reid (N.S.); Marjorie Buck (Ont.); Beatrice Tweedy (P.E.I.); E. Frances Upton (Que.); Kathleen Ellis (Sask.)

National Committee on Education (1938): To stimulate interest and secure co-operation of all members of the C.N.A. in promoting sound standards of nursing education, and in the constant revision of such standards in order to meet the changing needs of nursing service in all fields. This Committee emerged from the Curriculum Committee of the Nursing Education Section. Convener, Marion Lindeburgh, School of Nursing, McGill University, Montreal; Agnes Macleod, Chairman, Nursing Education Section; Margaret Teulon, Chairman, Private Duty Section; Margaret Kerr, Chairman, Public Health Section.

Eight-Hour Duty for Nurses Committee (1938): To proceed with definite plans to secure an eight-hour duty period for student nurses and to take steps to implement and to bring into force an eight-hour day for graduate registered nurses. Convener, Kathleen Ellis, University of Saskatchewan, Saskatoon,—the members at large for this Committee and a representative from each of several provincial associations are not yet appointed—at present the provincial representation is: A. E. Pederson (Alta.); Mabel McMullin (N.B.); Gertrude Bennett (Ont.); Fanny Munroe (Que.)

History of Nursing Committee (1938): To study the question of the preparation of a History of Nursing in Canada. Convener, Mary Mathewson, School of Nursing, McGill University, Montreal; Jean E. Browne, Toronto and Jean S. Wilson, Montreal.

The Executive Committee has under consideration the appointment of a Committee, the function of which is to be a study of the development of the religious influence in the life of the nurse.

Gracious Acknowledgment

Dame Alicia Lloyd Still, President of the Florence Nightingale International Foundation, graciously expresses appreciation of the renewed pledge of support to the Foundation by the Canadian Nurses Association in the following letter to the Executive Secretary:

At its meeting on October 17th last, the Committee of Management heard of the renewed promise of the Canadian Nurses Association to maintain their financial support of the Foundation. The generous help which the Canadian nurses have given over the last five years has been greatly appreciated by my Committee. This steady contribution has given very real encouragement at a time when the financial situation is far from easy.

Let us hope that during the course ot the next four years the Foundation will be able to secure some endowment which will ensure an income for administrative expenses and so leave the Committees free to concentrate on their scholarships.

I hope you will convey to the Canadian Nurses Association the very grateful thanks of the Foundation for the splendid work which they are doing to promote the Florence Nightingale Memorial.

Nightingale Memorial Fund

Donations to the Florence Nightingale Memorial Fund have been received from:

Ontario

District 9, Registered Nurses Association of Ontario	$10.00

Saskatchewan

A.A., Grey Nuns' Hospital, Regina	5.00

Season's Greetings

The staff at National Office send the Season's Greetings to all members of the Canadian Nurses Association.

FIFTY YEARS OF SERVICE

It was in September, 1888 that four nuns arrived in Campbellton, New Brunswick, from the Hôtel Dieu de St. Joseph, in Montreal. Within a few days they were joined by two more Sisters from Chatham and thus was founded a school which was destined to include a hospital. From this humble beginning has grown the Hôtel Dieu in Campbellton, which to-day is one of the best known institutions of its kind in the Maritimes. From a vivid history written by one of the Sisters, we quote some interesting highlights. The first patient was brought to the Sisters by the parish priest in December, 1888, suffering from severe frostbite and exposure to the bitter weather. There was really no room in the school for him but he was hospitably received and when an operation became necessary an improvized table was set up in the classroom and he made a complete recovery.

The following spring a ten-bed hospital was opened and in 1891 an epidemic of typhoid crowded it to the doors. In 1909

the dream of the Sisters was realized and a well-equipped four-storey building was opened, but in 1910 came the dreadful fire which destroyed the whole town. The patients were removed to Dalhousie and in the late evening the Sisters had to leave their hospital to its fate. The next day, with breaking hearts, they found that nothing was left but a heap of ashes. The little Community was destitute except for a tiny house on their property which had never been used and was nothing but a shell. However, it served as a shelter from the wind and the rain and, after the breadline in the town was established, the Sisters received rations and carried on as best they could. Shacks were built which served as kitchen and laundry. The military authorities provided tents and the Sisters were able to cope with the epidemic of typhoid which broke out as a natural result of the fire. By November, a temporary hospital was ready for occupancy and served its purpose well until the autumn of 1918, when once more fire broke out and burned it to the ground. No lives were lost but the problem of finding a building suitable for emergency use was a serious one. Finally the Sisters took over the old Intercolonial Hotel which was standing vacant. There is a legend that former habitués of the Hotel used to experience a distinct shock when they found Sisters in charge of their ancient haunt.

In the meantime, a bigger and better Hôtel Dieu was rising and in 1920 the present fine building was formally opened. To-day it is the pride of the city of Campbellton and a credit to the members of the Community who, after such trials and tribulations, have brought it to its present state of excellence. Under the able direction of the Reverend Mother Audet and Sister Kerr, the Hospital and its School of Nursing will go forward with confidence toward the distant century mark. Tried, as by fire, they rejoice in their Anniversary.

RETIRING FROM SERVICE

After a lifelong service in various administrative capacities, Miss Elizabeth MacWilliams, Reg. N., superintendent of the Oshawa General Hospital, has tendered her resignation.

Recognition of her great work was accorded by presentations and addresses from various hospital organizations, paying tribute to her accomplishments. She will be remembered as a capable superintendent, and a woman endowed with great personal charm. Because of her dignified reserve and her honesty of purpose, she enjoyed the confidence and co-operation of a large professional staff and the Board of Trustees, as well as many institutions closely allied with her work in the Hospital.

Miss MacWilliams intends making her home in London, Ontario.

A FAVOURABLE PROGNOSIS

SISTER M. STANISLAUS

President, Registered Nurses Association of Prince Edward Island

In accordance with the plans previously announced in *The Canadian Nurse*, a two-day Refresher Course was recently held in Charlottetown and the fading splendours of the autumnal day were an effective contrast to the rejuvenating atmosphere of the sessions. The course was given under the auspices of the Registered Nurses Association of Prince Edward Island. The committee on arrangements included in its membership, Miss Anne Mair, Miss Mona Wilson, Miss Ina Gillan and the President of the Association. The Cundall Home, residence of the pupil nurses of the Prince Edward Island Hospital, gave spacious accommodation for the meetings and the matron, Mrs. Miller, won the gratitude of those in attendance by many gracious services.

Some of the nurses who attended the course

Symptoms that indicated the success of the event included the large registration. Ninety graduate nurses were in constant attendance. Close attention was given to the various addresses and interest was shown in the reference material. Perhaps the most definite symptom was the fact that groups of nurses were overheard discussing the possibilities of the *next* refresher course.

Did some educational psychologist point out to those planning the course that a good way to clear rust from the neural pathways is to break down resistance at the synapses, before beginning professional topics? Be that as it may, Lieut. T. L. Lowther, B.A., Principal of Prince Street School, convincingly outlined the benefits of liberal education in enriching life and, in her address on "Some values of education in a nurse's life", Sister F. Loyola showed the interaction and correlation of professional and general education and emphasized that progress in both fields would promote for the nurse the most complete delight and satisfaction in living as well as efficiency in her profession.

Enhanced by the visual aid of charts, pictures, model cubicle etc., instructive lectures on the nursing of communicable diseases were given by Miss Katharine MacLennan, instructress at the Royal Alexandra Hospital, Montreal, with which many schools of nursing are affiliated for courses in the nursing of communicable diseases. Nurses doing private duty in Prince Edward Island have more occasion to meet with such diseases than they had in student days since no hospital in the Province has a department for communicable diseases. The nurses found their textbook theory returning to them with a new comprehension, and the knowledge of techniques which Miss MacLennan was able to give them was more permanently fixed in their memories by the spoken word than it could have been by many hours of reading, valuable adjunct as it is in continuing education. The pupil nurses from the Charlottetown hospitals attended these lectures with great profit.

The importance of immunization was brought home not only by these lectures but also very impressively by the results of the work in Prince Edward Island as explained by Miss Mona Wilson of the Department of Public Health. One of the doctors, in the course of his address, bore testimony to its efficacy when he said he had had little experience in dealing with diph-

theria. Each nurse was made to feel she could have a share in the good work of the Department of Public Health by exercising her influence wisely in educating the public.

Members of the Provincial Association also contributed to the programme. Demonstrations of medical aseptic technique applied to home environment were given by Miss Ruth Ross and Miss Jean Thomson. A symposium on obstetrics was presented by Misses Mary Reid, Helen Solomon and Katherine McCloskey. These topics were treated very practically and satisfactorily. The work in preparing such demonstrations, symposiums and addresses is always considerable, but the nurses given such assignments are always repaid by the educative value to themselves and, judging by the groups attending the Refresher Course, they may feel assured of an attentive audience.

Budgeting food values on a limited income was discussed by Miss Marjorie White, who brought before the minds of the nurses one of the newer means of maintaining positive health, namely the science of nourishing the body properly. She also enlightened them concerning ways of educating the public.

The Refresher Course Committee who expended much thought and time in planning the programme does feel that the "symptoms" indicate a successful "course" and they hope the final "diagnosis" will be confirmed. It certainly will be, if the nurses maintain the spirit of inquiry and the desire for new knowledge which was engendered. Then will the Association meetings assume a new aspect and future courses be arranged with confidence!

VICTORIAN ORDER OF NURSES

Miss Gilberte Patry has resigned from the Cornwall Branch to take a position with the Metropolitan Life Insurance Company.

Miss Frederica Johanneson has resigned from the Saskatoon Branch and is on leave of absence. Miss Mona Bounds, a recent graduate of the University of Alberta, has been appointed to fill the vacancy.

Miss Annie J. Anderson, who has been in the East York Branch for five years, resigned in August and has returned to Scotland.

Miss Okal Mather has resigned from the Huntsville Branch to be married. Miss Christine MacArthur was transferred from Fredericton to take charge of the Branch.

Miss Lettie Turner has resigned from the Dartmouth Branch. Miss Katherine Macneil resigned from the Halifax Branch. Both these nurses have accepted positions with the Cape Breton Health Unit.

Miss Margaret Perley, who recently resigned from the York Township Branch, has accepted a position with the Provincial Department of Health in Manitoba.

Miss Marjorie Mark, a recent graduate of the University of Toronto, has been appointed to the Border Cities staff.

Miss Flora Macdonald, who has been on leave of absence, has been appointed temporarily to the Vancouver staff.

Miss Margaret Inness, who has been on leave of absence, has accepted a position on the Halifax staff.

Miss Jennie Hocking has been transferred from Hamilton to Toronto.

Miss Helene Sneddon has been transferred from Montreal to Hamilton.

Miss Edith Railton has been transferred from the York Township to the Fredericton staff.

Miss Lois Black and Miss L. Madeline McDonald (graduates of the University of Western Ontario) have been appointed to York Township staff.

Miss Anne Sabiston and Miss Ruth Kester have resigned from the London staff to be married.

HOSPITAL ADMINISTRATION

The School of Nursing of the University of Toronto is planning a refresher course for registered nurses who are interested in hospital administration. This course will be given December 5, to 10 inclusive, in the School of Nursing, University of Toronto and will consist of lectures and discussions. No credits will be given for this work, nor will any certificate be awarded. The fee will be $7.00.

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This content will be illustrated by visits to hospitals.

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NEWS NOTES

BRITISH COLUMBIA

VANCOUVER:

The generous number of British Columbia nurses elected to the executive of the Canadian Nurses Association has necessitated the following changes in the Executive of the Provincial Association: President, Miss M. Duffield; convener of private duty section, Miss K. Ethel Gray; convener of public health section, Miss Mary Henderson; convener of the Florence Nightingale Memorial Committee, Miss Elizabeth Stoddart.

The Registered Nurses Association of British Columbia, in an effort to be of greater professional value to nurses in outlying districts, has completed plans for an educational tour of the Province. Miss Kathleen Sanderson and Mrs. Callum Thompson compose the personnel of the tour and are visiting various centres where groups of nurses may be brought together for lectures and demonstrations of new treatments and equipment.

Among topics of interest to the nursing profession, under discussion at the recent annual meeting of the British Columbia Hospitals Association was the question of the eight-hour day for hospital nurses.

KAMLOOPS:

Miss Esther Paulson, Provincial Welfare Department Inspector, has been transferred from Cranbrook District to Kamloops, to succeed Miss Gertrude Evans, who will take a position in Victoria with the Department of Welfare.

The following changes have occurred on the staff of the Royal Inland Hospital, Kamloops: Miss Gladys Sibley, who took a post-graduate course in surgery in New York this year, has resigned as night supervisor to take a position in Trail-Tadanac Hospital in charge of the operating-room, and has been succeeded by Miss Winnifred Marshall, formerly matron of Summerland Hospital. Miss Ethel Rolston has resigned to accept a position as instructress in Holy Cross Hospital, Calgary, Alberta.

Married: On October 13, 1938, Miss Ruby W. Sturgeon (Royal Inland Hospital, Kamloops) to Mr. John Jamieson.

Married: On October 6, 1938, Miss Lalia B. Reid (Brockton Hospital, Massachusetts) to Mr. Gerald North.

Married: On October 13, 1938, in Hongkong, China, Miss Isobel Martha Henderson (Vancouver General Hospital and University of British Columbia) to Mr. Donald Scott.

Married: On October 15, 1938, Miss Dorothy Mary Bird (Royal Jubilee Hospital, Victoria) to Mr. Edgar E. Kelley.

Married: On October 19, 1938, Miss Jane Thompson Potts to Mr. Lew Wallace Layhew.

NELSON:

At the annual meeting of Nelson Registered Nurses Association Miss Ethel Smith gave a very interesting resumé of the activities of the Association during the past year. Among these was the purchase of a Kodascope which was presented to the Hospital. The Association is also interested in the health insurance measures which are being considered by the Province of British Columbia.

At a recent regular meeting of the Association, money was voted for the establishment of a book-case and some new reference books to be placed in the Nurses Home and made available to all members of the Association. The library is to be organized to conform with the basic book list as issued by the National League of Nursing Education. A donation of $10.00 was made by the Association to the Kootenay Infantile Paralysis Committee towards the purchase of an "iron lung" for this district. Interesting films, relating to cancer, were shown by Dr. F. M. Auld, chairman of the Cancer Committee, and Dr. F. P. Sparks. Members of the Hospital Board, and members of the medical and the dental profession were invited to be present. A social hour followed.

MANITOBA

BRANDON:

The Brandon Graduate Nurses Association held a monthly meeting recently with forty-two members present. The "downtown group" was in charge of the programme, the guest speaker being Dr. H. Meltzer, superintendent of Ninette Sanitarium, who gave an enlightening talk on chest surgery and recent procedures in treatment of tuberculosis. Miss McCormick thanked the speaker. A business session followed, at which Miss V. Vance presided. The members decided to give a donation to the Czechoslovakia relief fund. A social hour concluded the evening.

Married: On October 22, Miss Helen B. Morrison (Brandon General Hospital staff) to Mr. Leo Lewis.

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NEW BRUNSWICK

Saint John:

The Saint John Local Chapter of the N.B.A.R.N. recently held its regular monthly meeting with the president, Miss Margaret Murdoch in the chair. Following the business meeting Dr. D. F. W. Porter gave an illustrated lecture on the diseases of children.

Saint John General Hospital:

The Saint John General Hospital Alumnae Association held the first meeting of the season in the Nurses Residence with the president, Mrs. A. L. Donovan in the chair. Following the business meeting Dr. W. McIntosh gave an interesting lecture.

Married: Recently, Miss Irene Victoria Wallace (S.J.G.H., 1936) to Mr. Henry Barnes.

Married: Recently, Miss Janet Armstrong Brown (S.J.G.H., 1935) to Mr. Ronald O'Breen.

Married: Recently, Miss Florence Mary Egan (St. Joseph's Hospital, 1935) to Mr. Thomas Michael Howard.

Married: Recently, Miss Mabel Beacone (S.J.G.H., 1929) to Mr. Frederick Thorne.

NOVA SCOTIA

Halifax:

Halifax Infirmary:

The Alumnae Association has arranged for a series of lectures, on various subjects, to be given through the winter months. It is hoped in this way to stimulate interest in the meetings, and also to aid in keeping the nurses posted on new developments in the nursing world. At a recent meeting Sister Frances de Paul, pharmacist at the Infirmary, gave a delightful talk on some of the new drugs. Special attention was paid to their uses, doses, and after-affects. At another meeting, Dr. Walter Muir, one of the leading anaesthetists in the city of Halifax, gave a lecture on anaesthetics and their after-effects. He began with the earliest use of ether and chloroform and led up to the newer gases and forms of local anaesthetics. Both meetings were well attended and the lectures proved both enjoyable and instructive.

Victoria General Hospital:

Miss Maisie K. Miller has recently been appointed assistant superintendent of nurses at the Victoria General Hospital. A more extended notice of this appointment appears elsewhere in this *Journal*.

Miss Alma Power has returned to the V.G.H. after taking a post-graduate hospital course in operating room technique at St. Michael's Hospital, Toronto, and will take charge of the operating room of the Private Patient's Pavilion. Miss Christine MacDonald has been appointed supervisor of a male's surgical ward. Miss Adelaide Gervais has been appointed assistant supervisor of the operating room. Mrs. Evelyn Pyle has been appointed night supervisor of the Private Patient's Pavilion.

New Glasgow:

The Pictou County Branch of the Registered Nurses Association recently held their annual dinner in New Glasgow, twenty-two members being present. The guests were Dr. and Mrs. R. M. Benvie of Stellarton, and Miss Blanche Reid, president of the Branch, was Mistress of Ceremonies. Dr. Benvie was the after-dinner speaker and summarized a most interesting book by Harrison Foreman. The talk was followed by a sing song, Miss Jean Murray at the piano. Mrs. Benvie was presented with a beautiful bouquet of red roses. This was the first meeting of the organization this Fall and an interesting series of monthly meetings is forecast for the winter season.

Miss Winnifred Cooke has come to New Glasgow from Montreal to take over the position of instructress of nurses at the Aberdeen Hospital.

ONTARIO

District 1

Sarnia:

The fall meeting of District 1, R.N.A.O. was held at the General Hospital, Sarnia, on October 22, with the Chairman, Miss Doris Shaw, presiding. Rev. Father F. McManus gave the Invocation. Rev. James Milroy gave a short address in which he stressed the need for closer co-operation between medical and ministerial groups in the care of the sick. His Worship, Mayor Pelling, extended a welcome and Dr. W. G. Gray brought greetings from the Medical Staff. Miss Mabel Hoy gave a most interesting report of the Biennial Meeting of the Canadian Nurses Association, which was enjoyed by all present. A most instructive address was given by Dr. C. M. Carruthers on the care of the surgical patient. Mrs. Van Alstyne favoured the members with two delightful solos. The members of the Executive were entertained at luncheon by the Hospital staff. Following the meeting the visiting nurses were entertained at tea by the General Hospital Alumnae Association.

District 5

Toronto:

Toronto Western Hospital:

A very successful and novel fashion revue and autumn tea was held recently under the auspices of the Alumnae Association of the School of Nursing of the Toronto Western Hospital. The solarium of the Pavilion, tastefully decorated with palms and autumn flowers, where several hundred guests were welcomed by Miss Beatrice Ellis, Miss G. Rowan and Miss G. Sharpe, proved an ideal setting for the very clever display of coiffures, cosmetics, and modelling of gowns, hats and furs arranged by well known firms in the city. Piano solos were rendered by Mr. E. G. Macgregor and Mrs. Geo. Coyles sang delightfully accompanied by Mrs. Garnet Bell. Miss G. Sharpe, president of the Alumnae Association thanked all those who had so graciously provided for the varied displays. Immediately following the revue, a delightful tea was served in the Edith Cavell Residence presided over by Mrs. Chant and Mrs. Boodway. Here were found booths for the sale of homemade candy and other dainties successfully arranged by members of the Alumnae.

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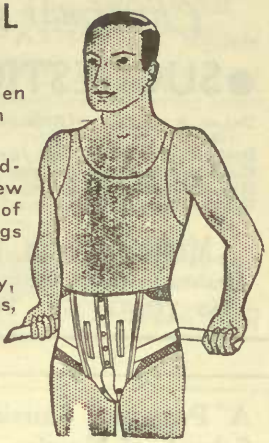

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The regular monthly meeting of the Alumnae Association was held on Nov. 7. Miss G. Sharpe ably occupied the chair and introduced the speaker of the evening, Mrs. Halpenny, president of the Brown Home and School Association. The new Ontario Public School curriculum, which was the subject of her address, proved of real interest and was very capably arranged and delivered.

TORONTO:

Miss Belva I. Finlay (C.P.H.N., U. of W.O.), recently a member of the staff of the Victorian Order of Nurses at Brockville, is taking the instructors and supervisory hospital staff Nurse Course at the School of Nursing of University of Toronto. Miss Finlay is a graduate of the School of Nursing of the Victoria Hospital, London, Ontario.

DISTRICT 6

BELLEVILLE:

Miss Ruth Thompson (University of Alberta Hospital, 1930) has been appointed Director of Nursing at the Belleville General Hospital and Miss Muriel Thompson (Winnipeg General Hospital, 1935) has been appointed instructress. The Alumnae Association recently held a social evening in their honour, when nearly fifty nurses welcomed the Misses Thompson to Belleville.

At a recent meeting of the Association, Miss Hilda Collier, operating room supervisor, gave a talk on her trip to England and the Continent. Miss Collier gave a vivid description of the various countries and showed her extensive collection of souvenirs.

The Alumnae Association of the Belleville General Hospital has already raised $250.00 in aid of the Pediatric Ward in memory of the late Dr. Emma Connor and a concert is being planned for the same purpose.

Miss Jennie Ives (B.G.H., 1936) is taking a course in hospital administration at Toronto University.

Married: Recently, Miss Josephine Sampson (Belleville General Hospital, 1933) to Mr. Harry Knox.

PETERBOROUGH:

The annual meeting of District 6, R.N. A.O., was held recently at the Nicholls Hospital, Miss E. Young presiding. Following the routine business and election of officers for the coming year, Mr. A. T. Kennedy,

editor of the Peterborough Examiner, who had spent four years in Prague, gave a most interesting address on Czechoslovakia. Following the meeting refreshments were served by Chapter C.

Miss E. Everson (Nicholls Hospital, 1936) has recently been appointed supervisor of the private medical department. Miss M. Pickens (Nicholls Hospital, 1934) has been appointed supervisor of the public medical department.

Married: Recently, Miss Phyllis Lunn (Nicholls Hospital) to Mr. G. Janeway.

Married: Recently, Miss Margaret Beavis (Nicholls Hospital) to Mr. H. Jones.

Married: Recently, Miss E. Larsen (Nicholls Hospital) to Mr. J. Thornton.

Married: Recently, Miss M. Watson (Nicholls Hospital) to Mr. H. Hill.

District 7

Kingston:

The staff nurses of the Ontario Hospital recently held a tea in honour of Miss Marion Lenoir, who has resigned her position to be married. The guest of honour was presented with a beautiful Kenwood blanket.

Miss Marion Koen (O.H., 1934) has recently been appointed to the nursing staff of the Ontario Hospital, Kingston. Miss Goldia Hughes has recently accepted a position in Cornwall.

District 8

Ottawa:

Miss Myrtle McElroy (O.C.H., 1928) has gone to New York where she is doing general duty at the Hospital of the Rockefeller Institute.

Miss Phyllis Henderson (O.C.H., 1937) and Miss Alma Payne (O.C.H., 1938) are doing general duty at the Ontario Hospital, Brockville.

Married: Recently, Miss Jean Blyth (L.S. Inst.) to Mr. Frank Low.

Married: Recently, Miss Mary Ellen Derraugh (O.C.H., 1931) to Mr. Cecil Charles Storr.

District 9

Sault Ste. Marie:

Miss Rossie M. Densmore announces that the councillors elected by District 9, R.N.A.O. are as follows: Miss Claire Douglas,

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QUEBEC

MONTREAL:

Montreal General Hospital:

Miss Bernice Underhill (M.G.H., 1932) has recently been appointed to the position of instructor at the King Edward VII Memorial Hospital, Bermuda.

Miss Catherine McKim (M.G.H., 1933) is at Compton where she has accepted a position as School Nurse at King's Hall.

The following nurses are attending the School of Nursing, McGill University: Miss C. R. Aitkenhead, (1931); Miss A. H. R. Lamb (1933), who holds the Alumnae Scholarship; Miss R. M. Myers, (1936); Miss E. Weston (1936), who holds a Mildred Hope Forbes Scholarship; Miss D. Cotton, (1936) who holds a Mildred Hope Forbes Scholarship; Miss M. Van Scoyoc (1936), who holds a Mildred Hope Forbes Scholarship; Miss P. Whitton, 1938).

Married: On October 21, 1938, Miss Grace H. MacConachie (M.G.H., 1923) to Mr. J. H. Stovel.

Married: On October 22, 1938, Miss Caroline R. Sandford (M.G.H., 1935) to Mr. D. Grier Findlay.

Married: On October 20, 1938, Miss Dorothy M. Driffield (M.G.H., 1927) to Mr. H. R. Bishop.

QUEBEC CITY:

Jeffery Hale's Hospital:

At the opening meeting of the Alumnae Association, Miss Mackenzie gave a very interesting report of the Biennial Meeting of the C.N.A.

Miss E. F. Upton, Registrar, A.R.N.P.Q., was recently a guest of Jeffery Hale's Hospital.

Mrs. McGowan (L. Weatherbie, J.H.H., 1929) of Prince Edward Island, recently visited the Hospital and her old acquaintances.

A bridge club has been formed by some of the J.H.H. Graduates, the proceeds to be given to the Sick Nurses' Fund.

Married: Recently, Miss Matilda Lemesurier (J.H.H., 1932) to Mr. J. A. Mattinson.

SASKATCHEWAN

YORKTON:

On October 12, a well attended meeting of about fifty nurses of the Yorkton Queen Victoria Hospital Alumnae Association took place in the Nurses' Residence when Miss K. W. Ellis, Registrar for the Saskatchewan Registered Nurses Association, and Adviser for the Province, was the guest speaker. Miss Ellis spoke on the trends in modern training for nursing, and the part an Alumnae Association plays in the hospital and in the education of the nurse.

The neighbours searched their gardens for choice flowers to contribute a colourful and gay decoration for the reception room at the tea hour. The wives of the Board of Directors of the Hospital and the wives of the Medical Staff presided in the tea room, the Executive of the Alumnae acting as hostesses. Receiving the guests were Miss A. Cleaver, superintendent, Mrs. J. F. Irving, and Miss V. Widdicombe, president of the Alumnae Association. The silver collection will be used for the purpose of furthering nurse education.

Official Directory

International Council of Nurses
Executive Secretary, Miss Anna Schwarzenberg, 51 Palace Street, London, S.W.1., England

CANADIAN NURSES ASSOCIATION

Officers

President ..... Miss Grace M. Fairley, Vancouver General Hospital, Vancouver, B. C.
Past President Miss Ruby M. Simpson, Department of Health, Parliament Buildings, Regina; Sask.
First Vice-President ..... Miss Elizabeth L. Smellie, 311 Transportation Building, Ottawa, Ontario.
Second Vice-President ..... Miss Marion Lindeburgh, 3480 University Street, Montreal, P. Q.
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Honourary Treasurer ..... Miss A. J. MacMaster, Moncton Hospital, Moncton, N. B.

COUNCILLORS AND OTHER MEMBERS OF EXECUTIVE COMMITTEE

Numerals preceding names indicate office held, viz: (1) *President, Provincial Nurses Association;* (2) *Chairman, Nursing Education Section;* (3) *Chairman, Public Health Section;* (4) *Chairman, Private Duty Section.*

Alberta: (1) Miss Kate S. Brighty, Administrative Building, Edmonton; (2) Miss J. Davidson, Royal Alexandra Hospital, Edmonton; (3) Miss M. Staley, 18 Arlington Apts., Edmonton; (4) Mrs. M. Tobin, 385-4th St., Medicine Hat.

British Columbia: (1) Miss M. Duffield, 1655 10th Ave., W., Vancouver; (2) Miss A. S. Cavers, Vancouver General Hospital; (3) Miss M. Henderson, 4243 12th Ave., W., Vancouver; (4) Miss K. Ethel Gray, 902 McClure St., Victoria.

Manitoba: (1) Miss Edith McDowell, Nurses Residence, General Hospital, Winnipeg; (2) Miss F. Roach, St. Boniface Hospital, St. Boniface; (3) Miss A. McKee, 604 Medical Arts Building, Winnipeg; (4) Miss T. Greville, 797 Broadway, Winnipeg.

New Brunswick: (1) Mrs. G. E. van Dorsser, Health Centre, Saint John; (2) Sister Corinne Kerr, Hotel Dieu Hospital, Campbellton; (3) Miss A. Burns, Health Centre, Saint John; (4) Miss Myrtle E. Kay, 21 Austin St., Moncton.

Nova Scotia: (1) Mrs. Hope Mack, Nova Scotia Sanitorium, Kentville; (2) Sister Camillus of Lellis, Halifax Infirmary, Halifax; (3) Miss A. Slattery, Windsor; (4) Miss Irene Smith, 74 South Park Street, Halifax.

Ontario: (1) Miss C. I. Brewster, General Hospital, Hamilton; (2) Miss R. M. Beamish, General and Marine Hospital, Owen Sound; (3) Miss M. Hoy, 27 Giles Blvd., Windsor; (4) Miss Madalene Baker, 249 Victoria St., London.

Prince Edward Island: (1) Sr. Stanislaus, Charlottetown Hospital, Charlottetown; (2) Miss Anna Mair, P. E. I. Hospital, Charlottetown; (3) Miss Ina Gillan., 227 Kent St., Charlottetown; (4) Mrs. Lois MacDonald, 45 Upper Prince Street, Charlottetown.

Quebec: (1) Miss M. L. Moag, 1246 Bishop Street, Montreal; (2) Miss M. Batson, The Montreal General Hospital, Montreal; (3) Miss A. Peverley, 2090 Claremont Ave., Apt. 46, Montreal; (4) Miss Marion E. Dart, 3563 Durocher St., Apt. 8, Montreal.

Saskatchewan: (1) Miss Ann Morton, Weyburn; (2) Miss M. Ingham, Moose Jaw General Hospital, Moose Jaw; (3) Miss D. Hopkins, Box 568, Estevan; (4) Miss Helen Jolly, 1301-15th Ave., Regina.

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Provincial Associations of Registered Nurses

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Alberta Association of Registered Nurses

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Registered Nurses Association of British Columbia

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MANITOBA

Manitoba Association of Registered Nurses

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New Brunswick Association of Registered Nurses

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PRINCE EDWARD ISLAND

Prince Edward Island Registered Nurses Association

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QUEBEC

Association of Registered Nurses of the Province of Quebec (Incorporated, 1920)

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SASKATCHEWAN

Saskatchewan Registered Nurses Association (Incorporated, 1917)

President, Miss Ann Morton, Weyburn; First Vice-President, Rev. Sister O'Grady, St. Paul's Hospital, Saskatoon; Second Vice-President, Miss Edith Amas, Saskatoon City Hospital, Saskatoon; *Councillors:* Miss Matilda Diederichs, Regina Grey Nuns' Hospital, Regina; Miss Aubra Cleaver, Yorkton Queen Victoria Hospital, Yorkton; *Conveners of Standing Committees: Public Health,* Miss D. Hopkins, Box 568, Estevan; *Private Duty,* Miss Helen Jolly, 3128 College Ave., Regina; *Nursing Education,* Miss M. Ingham, Moose Jaw General Hospital, Moose Jaw; Secretary-Treasurer, Registrar and Advisor, Schools for Nurses, Miss K. W. Ellis, University of Saskatchewan, Saskatoon.

Regina Registered Nurses Association

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Associations of Graduate Nurses

Overseas Nursing Sisters Association of Canada

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ALBERTA

Calgary Association of Graduate Nurses

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BRITISH COLUMBIA

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Victoria Graduate Nurses Association

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MANITOBA

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ONTARIO

Smiths Falls Graduate Nurses Association

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QUEBEC

Montreal Graduate Nurses Association

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Alumnae Associations

ALBERTA

A.A., Calgary General Hospital

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MANITOBA

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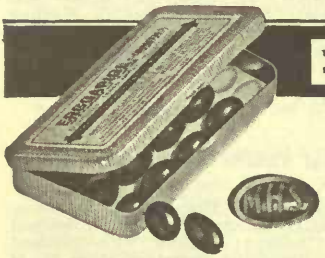

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THE CANADIAN NURSE

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